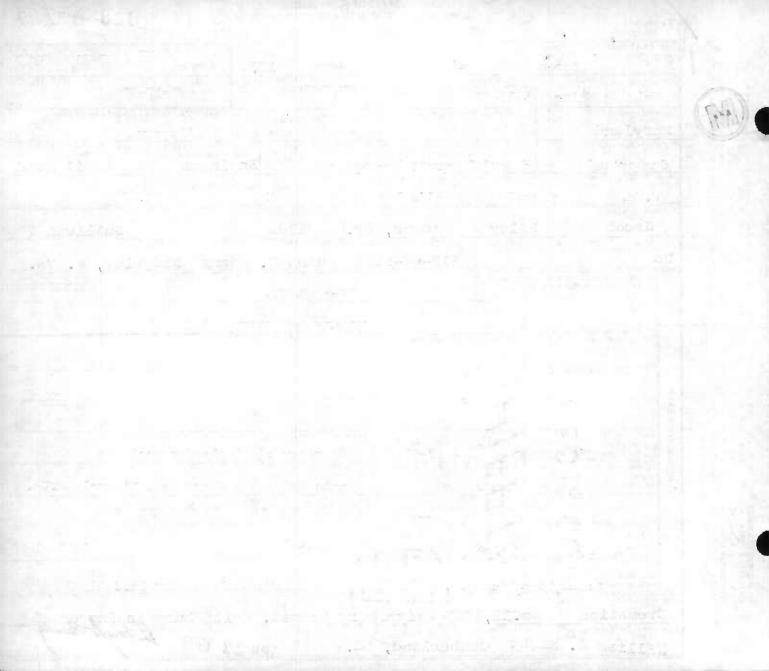
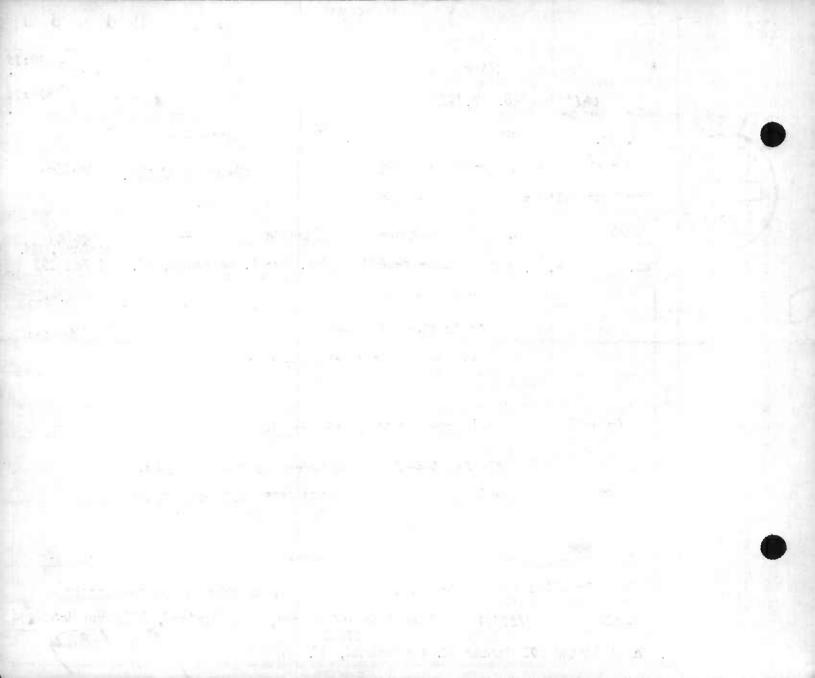
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	FIRST			KEO: 110:	
(TYPE OR PRINT)	acob			OI ESTE ZI=	17-81 19 3"30
SEX 4. RACE	S. DATE OF BIRTH	AGE (IN YEARS	LEUNDER LYR LIEUNDER	4 HRS. 2c DATE MONTH	DAY YEAR 2d. HOUR
& BIRTHPLACE (STATE OR				RAITIMORE CITY OR COLU	NTY OF DEATH
Maryland	USA		WIDOWED DIVORCE	□ □ Allegany	MD
	(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	Rail Road
SUAL RESIDENCE (IF IN NURSII	NG HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION	)	13e STREET ADDRESS	Mari Noad
FATHER'S NAME			15, MOTHER'S MAIDEN	NAME	
Jacob	46			S	ullivan
					ATT W WA
PART I DEATH WAS	CAUSED BY:	e for (o), (b), and (c).)		ndams nidgere	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
8190	DUE TO, OF			RILE ACCIDENT)	, ii
		R AS A CONSEQUENCE OF	(SINGLE ACTOR	DILL ACCIDENTY	
	DNDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	AL DISEASE DR CONDITION GIVEN IN PART	1 (a).	
190. DATE OF OPERATION	ON 19b. COND	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
210 EXTERNAL CAUSE	WAS 215 TIME O	FINILIPY	21, HOW IN HIPV OCCUPANT	ENTERNIATION OF BUILDY BUILTEN 10 BART 1 OR	YES X NO
UNDERLYING DOR	GEOGEGE #3 P.A	4-17-81	Operator of		
	STREET, FAC	TORY, FARM, ETC.)	Route #28	Short Gap, Mir	neral, W.Va.
		27279		Inquiry ond in my of Undetermined monner,	opinion
ACTUAL SIGNATURE 3	medict	Skitarel	Deputy	MEDICAL EXAMINER SIGN	
EXAMINER'S NAME	Skitarelic,				1 21502
		Ten MANUE OF CENT	TERY OR CREMATORY	23d. LOCATION	
30. BURIAL, CREMATION, REM (SPECIFY) Cremation				SmithsburgWash	ington MD
6	DECEASED NAME (TYPE OR PRINT)  J SEX  4. RACE  Male  Whi  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  D. CITY OR TOWN OF DEATH  Cumberland  SUAL RESIDENCE (IF IN NURSI ID. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. Va.  6. STATE W. Va.  4. FATHER'S NAME FIRST W. VA.  6. STATE W. VA.  7. CONDITION WAS COUNTRY WAS COUNTRY W. VA.  7. CONDITION WAS COUNTRY WAS	DECEASED NAME  TREGISTRAR  DECEASED NAME  TREGISTRAR  DECEASED NAME  TREGISTRAR  DECEASED NAME  TREGISTRAR  TREGISTRAR  DECEASED NAME  TREGISTRAR  TREGISTRAR  DECEASED NAME  TREGISTRAR  TREGISTRAR	DECEASED NAME (1992 DATE OF PRINT)  Jacob Riley  SEX 4. RACE 5. DATE OF BIRTH MONIN TEAM PARK SERVIDARY ON THE PRINT THAN THE PRINT THAN THE PRINT THAN THE PRINT THAN THE PRINT THE PRINT THE PRINT THAN	MEDICAL EXAMINER'S CERTIFICATE OF DECASED NAME   MADDE   LAST    Jacob Riley   Adams IT    SEX   ARCE   S. DATE OF BIRTH   MODITIONS (DIVISIBUTION FOR WHAT COUNTRY)   MARRIED X NEVER MARRIED    Jordan   Adams    J. D. CITIZEN OF WHAT COUNTRY?   AMARRIED X NEVER MARRIED    J. D. CITIZEN OF WHAT COUNTRY?   AMARRIED X NEVER MARRIED    J. D. CITIZEN OF WHAT COUNTRY?   AMARRIED    J. D. COUNTRY)   AMARRIED    J. D. COUNTRY)   AMARRIED    J. D. COUNTRY    J. D. COUNTRY   AMARRIED    J. D. COUNTRY   AMARRIED    J. D. COUNTRY    J	STATE REGISTARE   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.

STATE OF MARYLAND



2	1,	FOR STATE		DEPARTMENT (	OF HEALT		ITAL HYGIE		0 8	8 8	0
10	1. DE	REGISTRAR CEASED NAME FIRST		MIDDLE MIDDLE	INER'S	CERTIFICA	ATE OF DE	20. DATE KNOV	G. NO.	e Bay YEA	10 1948
OR: OR: LES:		Joseph		IHICL				DEATH MAIL	D 14-2	4- 198	1 1
RY, PLE DIRECT OUR FI ON STR	3. SE	Male White	Feb. 19	1926 55	YRS. IF U	INDER 1 YR. IF	OURS MIN	PRONOUNCED DEAD	4-24	198	10:78
CONFINENCE ON WITHIN WITHIN PREST	FC	RTHPLACE (STATE OR DREIGN COUNTRY)  W. Va.	76. CITIZEN OF WE	AT COUNTRY?		RIED XX NEVER	DIVORCED [	Allegany	_		MD.
O THE P PAGE E FILED,	10. C	Cumberland	11. NAME OF HOS Memoria	PITAL, NURSING HO	OME, OR OT	HER INSTITUTIO	FC	ISUAL OCCUPATION OR MOST OF WORKING LIF reet Metal	E)	ROOSI	STRY
WD. 21201  1. IF ANY DELAY IS INCESSARY, PLEASE 1.2. AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS TALKECORDS, 201 W. PRESTON STREET,	USU. 13a. S	AL RESIDENCE (IF IN NURSING HOME  TMaryland Affe		I3c. CITY OR JOW Cumber	rland	13d. INSIDE CITY I		TREET ADDRESS Rt.#1			
DEATH IF GES 1, 2, 2, 2M PM 3. I AND 2 St	14, F.	ATHER'S NAME Jacob	MIDDLE	Anders	on		S MAIDEN NA	ME MIDDLE		BOSLO	
ALTIM AFTER IVE PA AGES ISION	160. \	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES) W. # 2	234-38-	JRITY NO.	17. INFORMAL	NT	Anderson,	Rt. #	Bosle berland 1 Box	Md. 253
: ≅ ≈ ≥ ∟ □		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ED BY: Cru	ished Ches	st						ate interval iset and death
PRES THIN THIN TER ANSI	2	Conditions, if ony, which gave rise to immediate	Asp	as a consequen	of Blo	od				Monu	ites
S, 201 W. CUTED WI IN PENK I EXAMIN JRIAL - TR ND MENT TION, OR		cause (a) stating the <u>under</u> lying cause lost.	( c) Fal	as a consequen	of (w						
ECORDS  D BE EXECTED ING  TO BE EXECUTED ING  TO BE EXECUTED ING  TO BE EXECTED ING  TO BE EXECUTED ING  T	NO	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE	TERMINAL OISE	ASE OR CONDITION GI	IVEN IN PART 1 (0)				
SHOULD BE EXECUDED ORD "FENDING" II CHIEF MEDICAL E USED AS A BURIN TO FHEATTH AND URIAL, CREMATION	FICATI	19a. DATE OF OPERATION 4-24-81		ation of						20 AUTOPS	
	T GE	210. EXTERNAL CAUSE WAS						ER NATURE OF INJURY IN I	TEM 18 PART 1 OR		NO .
DIVISION OF VITAL RECORDS,  NER: THIS CERTIFICATE SHOULD BE EXECTED, WRITING THE WORD "PENDING".  FORWARDED TO THE CHIEF MEDICAL  FORWARDED TO THE CHIEF MEDICAL  FOR SHOULD BE USED AS A BUST  THE STATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF HEALTH AND AND. 21201 PRIOR TO BURIAL, CREMATIL	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE NOT WHILE AT WORK XX AT WORK	21e PLACE C STREET, FACT ROOF	THE STREET OF INJURY (AT HOME ORY, FARM, ETC.)		STVACO P		city on town		COUNTY	STATE
DIV TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 ATTER DEATH. WITH THE STATE D BALTIMORE, MARYLAND, 21201	i	22a I certify that I took char		cribed above, held a		psyXX, Ir	nspectia	InquiryXX	and in my	ARYLAND	
E CERTIFIC OULD BE FOUND BE FO		ACTUAL SIGNATURE	B.S.	kitaral	1	TITLE (SPE	CIFY)	EDICAL EXAMINER	DAT	E NED <u>4-4-8</u>	1
TO MEDICA EXECUTE THE PACE & SH TO PUNER. PATER DEAT	1	EXAMINER'S NABenedic	t Skitare								
	23a.B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		23c. NAME OF	CEMETERY	or CREMATORY	rk. C	LOCATION LITYORIOWN LUMBERL and	Alle	gany Má	Firland
BP DHMH - 17 (VR A 15 ME (5))	24. F	uneral director NAME Wayne George 2			71	502 250	APR 2	BY REGISTRAR 256	POGISTRAR'S	Melyud	9
15M 2/80						-			-		



DURST FUNERAL HOME, 57 FROST AVE., FROSTBURG, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

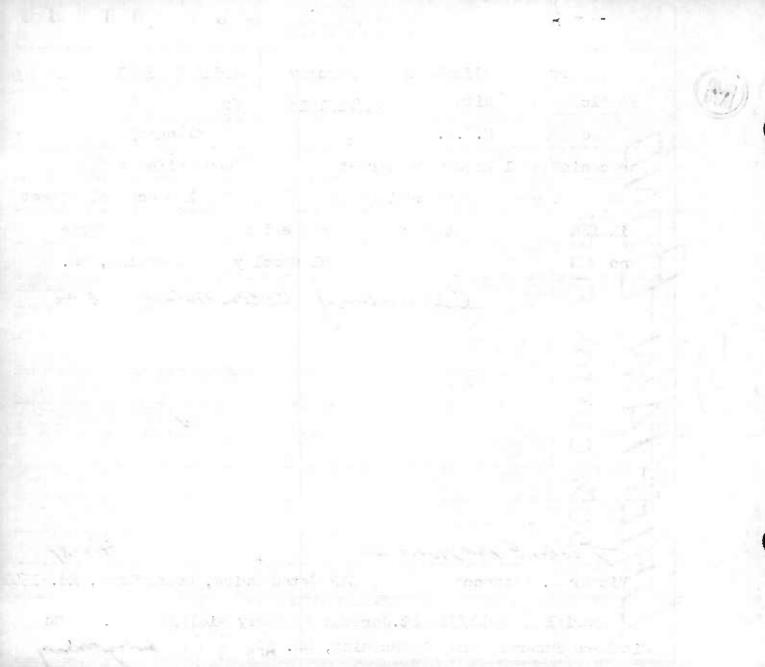
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STATE OF MARYLAND

Mary leaf the American American Thursday 1914 20, 1924 Climber Lund House and House House Advanced Programmer N. Van Winered Burkington Goorge .. Hargorty .. sailage 234 40 3313 Owight O. Bund Surifugion, D. Va. Burla! Hilliam M. Johnson Money Royson Minness W. Vo.

(VRA 15, 4)

STATE OF MARYLAND



should be detached for use as the buriol-transit permit. Then please remove corbonopoers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remaval.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

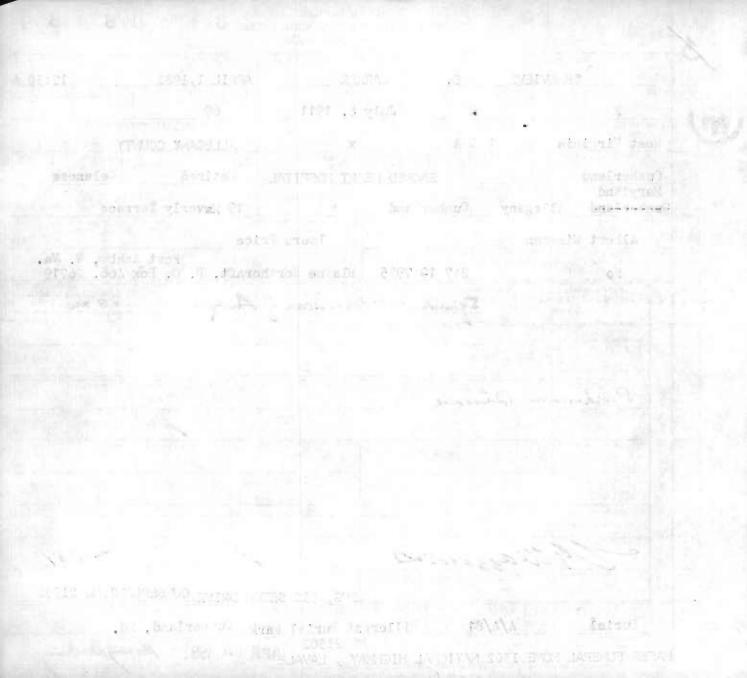
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∤i-	FOR - STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO.	0 0 0	0 -
	CEASED NAME FIRST	An	IDDLE	-	A51	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE	GENEV	EVE	D	BAR	VED	APRIL 1.1981		10.70
3 SE)		4 RACE	ν.	5. DATE C		APRIL 1, 1981  6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	12:30
	F	W		July	6, 1911 YEAR	69	MONTHS DAYS	HOURS A
	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	70 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COU		
10 CI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	ART HOSPITAL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Retired	12b. KIND (	OF BUSINESS
Cun			SIVE RESIDENCE BEFOR 13c. CITY OR TOW Cumber 18	114	13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 19 Warverly T	errace	
	Albert Wisems		LAST		15 MOTHER'S MAIDEN NA FIRST  Laura Pr	ice		ST
		VE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDRESS	Ashby, V	Va.
	No		217 10 7	7935	Blaine North	craft, P. O. B	ox 466, 2	26719
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: TE CAUSE (b)		, all (	careinon of	Lun	3 m	ONSET AND DE
z	Conditions, it ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	( [c)	AS A CONSEQU		NOT RELATED TO THE TERM	vinal disease or condition	GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	19b CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	_ IN CI	F YES, WERE FINDI ERTIFYING CAUSES	NGS USED S OF DEATH?
E	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	(h.1.1.10)/		121 11014 111111111111111111111111111111	YES NO	YES 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH D.	AY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	w 18 PART   OR PART 2)	
MEDICAL	2 Id. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no				nd that in (my) (our) opinion	, to deoth occurred on the date and	19 I hour and from the	that (1) (we) I
	27b. SIGNATURE		outre		DEGREE ATTENDING PHYSICIAN [	ANDICAL STAFF DIRECTOR   PHYSICIAN	7-20	SIGNED
	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	ON DRIVE CUMBE	RLAND, MD	21502
(:	Burial, Cremation, Removal Specify) Burial	236. DATE 4/4/81		llere	emetery or crematory	23d LOCATION CITY OR TOWN Cumberland	COUNTY	STATE
	INERAL DIRECTOR	E 1700 N			MD 21502 250 DAT AY , LAVA E	E REC'D BY REGISTRAR 256 RE	GISTRAR'S SIGNA	TURE Greater

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician

BP



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0	11-	FOR STATE REGISTRAR			DEPARTMEN	IT OF HEALT		ENTAL HYG	-	() REG. NO.	8	8	6
		CEASED NAME	FIRST		WIDDLE		LAST		2a. DATE	KNOWN	MONTH I	DAY YEAR	SP HOTH
No see and	(		ames		D.	]	Beach		OF DE ATH	MATED	4	5 1983	T 5
<b>海黑龍</b>	1.5E)	COMPOSED COMP	ite	5. DATE OF BIRTH	YEAR LA	ST BIRTHDAY) MO	JNDER 1 YR.	IF UNDER 24 H	IRS. 2c. DATE PRONOUN DEAD		MONTH	DAY YEA	11:31
SHEET	To BI	RTHPLACE (STATE OR		6 13		77 YRS.				ORE CITY OR	COUNTY	OF DEATH	II p
NECESSA FUNERAL 5 POR W W PREST		REIGN COUNTRY) Maryland		TI C	Α	WIDO		VER MARRIED DIVORCED		_			
Z57035		TY OR TOWN OF DE		U.S	PITAL, NURSING	1		Dironces	USUAL OCCUP	legan	F WORK 12h	KIND OF E	
PAGE PAGE	1 .	See a sed become		(11 1.10 1.10 5)	Wall Sing Singer	ADDRESS)		- 1 -	FOR MOST OF WOR	KING LIFE)		OR INDUS	
10 PAIN DEL		rostburg	URSING HOME OR	Frostbu	VE RESIDENCE BEFOR	munity	Hosp	italia	ransp	Dept	. 10	alist	1CS
A SHOP		ryland	Alle	gany	Frost	OWN	13d INSIDE CI YES	NO . 13e.	45 Sou	ss ith Wa	ter :	St.	
UTED WITHIN 24 HOURS AFTER DEATH. IN PENCIL IN IEM 18, GIVE PAGES 1, 2, EXAMINER ALONG WITH FORM PM 3, IAL - TRANSIT PERMIT. PAGES 1 AND 2, 5) MENTAL HYGIENE, DIVISION OFWITAL DIVISION OF WITH	14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN N	AME	IDDLE		LAST	
OURS AFTER DEATH. IF 118. GIVE PAGES 1, 2, A G WITH FORM PM 3. MIT. PAGES 1 AND 2 SH IE. DIVISION OF VITALIN		John		rine of the	Beac	h		rah		nn	Gr	iffit	h
SORA	16a. V	VAS DECEASED EVER	IN U.S. ARM		16b. SOCIAL	SECURITY NO.	17 INFORM	TAAN	145	SDDRE WE			
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88 T.Q □ F ₹ 5		18 CAUSE OF DEA	TH (Enter only	one couse per line		-				7		APPROXIMA	TE INTERVAL
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EXECUTED WIT NG" IN PENCI ICAL EXAMINI N BURIAL - TRA H AND MENTA WATION, OR R	-	gave rise to couse (o) statin			Cancer AS A CONSEQU		ng				-	MO	athe
Z X X X X		lying cause last			AS A CONSEQ	DETACE OF							
BUR! BUR! AND ATIO		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	(c)ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	N GIVEN IN PART 1 IO	11.				
SEES	CERTIFICATION												
ORD "PEI CHIEF N FE USED A TOF HEA	3	19a. DATE OF OPER	ATION	19b. CONDI	TION FOR WHIC	CH OPERATION	WAS PERFOR	MED?				20 AUTOPS	Y?
2032	FE.											YES 🗌	NO
A C		210 EXTERNAL CAL	OR OR	21b. TIME ÖI HOUR A.M	FINJURY A. MONTH DAY	YEAR 21c.	HOW INJURY	OCCURRED 15	NTER NATURE OF INJ	URY IN ITEM 18 PAR	RT 1 OR PART 2	)	-
ART	13	CONTRIBUTING	CAUSE OF DE	EATH P.M	١.	19							
2 2	MEDICAL	21d INJURY OCCUR	RED	21e PLACE (	OF INJURY (AT	HOME. 21f. L	OCATION		City OR TO	VN.	COUNT	Υ	STATE
20	2	WHILE NOT	VORK						CITORIO	****	COUNT	•	STATE
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IN THE CHIEF IN THE LAND BE STATE DEPARTMENT OF HE		220 I certify that death resulted from ACTUAL SIGNATURE	I took chorge  n: Natura	af the remains des	Accident D	Suicide [	, Homic TITLE (SI	PECIFY)	ndetermined mo	INER		1/5/8	1
A SECTION AND A		(TYPE OR PRINT)					_ADDRESS_		umberl	and Mo	d. 21	1502	
Cm)	23 a. B	URIAL, CREMATION,	REMOVAL 23	DATE	23c. NAME	OF CEMETERY	OR CREMATO	ORY 23	d. LOCATION		COUNTY		STATE
_		Burial	4	/8/81	Fbg.	Memori	al Pa	rk	Frostb	urg A	llegs	anv. M	d
7	24 F	UNERAL DIRECTOR		ADDRESS				250. DATE RECO	BY REGISTRA	25b. REGIST	BAR'S SIG	NATUREA	49
(5))		Durst Fu	neral l	Home, Fro	stburg,	Md. 21	532			and the same		Vin	

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Marional Hafer, Jr. 1302 NATIONAL HIGHWAY

HAFER FUNERAL HOME LAVALE MD. 21502

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THE STRUCTURE CONTINUES AND AND

Painl A/18/91 Summet Kemorial Cardeon Carberland llegang John J Sumer, Jr. 1812 MATERIAL HARDAY

Sorm J Sumer, Jr. 1812 MATERIAL HARDAY

Sorm J Summer Lavage Lett. 21512

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 E	8888
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		NEVIN	DAVID	BITTNER	APRIL 21	
)	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
,	Ia. B	MALE  RTHPLACE (STATE OR FOREIGN	WHITE  7b CITIZEN OF WHAT COUNTRY	JAN. 5, 1914	67 YRS	
25	١.	IARYLAND	U.W.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY CO	
2	10 C	UMBERLAND	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)  ART HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PROJECT' ENG.	126 KIND OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU		BURG 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 51 MILL STR	
11	14 F/	EDWARD	H. BITTI	VER CLARA	WIDDLE	KORNS
e medicol		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN)  (IF YES, G  N. A	IVE WAR OR DATES)		ADDRESS FR IN D. BITTNER,	OSTBURG, MD. 51 MILL ST.  APPROXIMATE INTERVAL BETWEEN ONSET AND DETAIM
ony injury, ar other traumotic	ATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT.  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION	DUE TO, OR AS A CONSEO  (b) TMOMO  DUE TO, OR AS A CONSEO  (c) AUMON  GONDITIONS CONTRIBUTING TO  UM. Obstanchiva  196 CONDITION FOR WHICE	UENCE OF JEMANN & PA SOUTH BUT NOT RELATED TO THE TER JULIAN BUT NOT RELATED TO THE TER JULIAN BUT NOT RELATED TO THE TER		SIVEN IN PART TION  SIVEN IN PART TION  SIVEN EN SIVEN  SES, WERE FINDINGS USED
2	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCU		TIFYING CAUSES OF DEATH?  YES NO DEATH?  B PART I ORPART 2)
7	MEDICAL	OR CONTRIBUTING CAUSE OF DE		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
		sow the deceosed alive or obove, (1) (we) (did) (did no 7711 - 1101   41   12E	oti view the body ofter death	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	our and from the couses stated  22c DATE SIGNED
Jak Andrews		CHANG OH,		22e ADDRESS 48 TARN TE	ERRACE, FROSTBURG	G, MD 21532
	1	Burial, Cremation, Removal Specify) BURIA	0.00000	NAME OF CEMETERY OF CREMATORY ROSTBURG MEM. PK	FROSTBURG A	COUNTY STATE
/81	24 Ft	OWERS FUNERAL		MAIN STREET BURG, MD 21532	EN KON MIN BY STALES	STRAPS SIGNATURE

A DOUGH THEE DESIGNATION OF THE SECOND ASSESSMENT ASSES BOLDE STATE DE SOLIO SE L'APPENI MESONE MESONE MESONE MESONE DE SOLIO DE SO MARKEAUN MARKET STATES ENGINEER STREET STREE A STATE OF CHANGE NO THE A CONTRACT OF STREET OF STREET, ST MINISTERS 45 TARN TERRACE. FROSTENIES NO DIEST TATELLA DE LIA DE LA PROSTE DE LA VERSE DE LE SANTE DE LA PROSTE DE LA

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e 3			REGISTRAR EASED NAME OR PRINT)	James James	Ray	13.80	wman	2a DATE OF DE	ATH MONT	TH DAY YEAR	26. HOUR
se a may be	a Y	3 SE>	MALE	4 RAC	hire	S. DATE OF		6 AGE (IN YEARS	LAST BIRTHDAY		
leath. Pag	3	ðl, °	RTHPLACE (STATE OR FO		ZEN OF WHAT COUNTR	MIDOMED		Al	LEGAN	OUNTY OF DEATH	M
rs after o	52		Cumber La	nd S	AME OF HOSPITAL, NUR: NOT IN SUCH FACILITY, GIVE STRI ACRED HEART	HOSPITA		120 USUAL OCC			OF BUSINESS OF
filled in nould be	35		W. Va.	NG HOME OR OTHER IN NIL COUNTY Minera	L Keysei	^	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	RESS		
completely 1 and 2 sh	29		THER'S NAME FIRST  James	MIDDLE H.	Bowmai	2	15. MOTHER'S MAIDEN NA Cynthia	M	P.	Spend	er
n and co	3	16a V	AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARMED FO (IF YES, GIVE WAR O	PROTES)	CURITY NO.	Shirley S	pencer	ADDRESS  RD 2		
cate b	n1, 10e		18 CAUSE OF DEATH	H (Enter only one one of AS CAUSED BY:	couse per line for (o), (b),		cepholic				DXIMATE INTERVAL NONSET AND DEATH
1,000	5		1700		JE TO, OR AS A CONSEC	DUENCE OF					
res that the death	y, or orner troomo		Conditions, if ony, gove rise to imm couse (o), stotim underlying couse	which nediote g the lost	(b)UE TO, OR AS A CONSEC	DUENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE O	r conditio	ON GIVEN IN PART	110
law requires that the death as been signed by the attent ermit. Then please remove as	vs ony injury, or other froumo	FICATION	gove rise to imm couse (a), stating underlying couse	which nediote g the lost DI	(b)UE TO, OR AS A CONSEC	OUENCE OF	int -T	200 AUTOPS	Y? 20b	35 WEEK b. IF YES, WERE FINE I CERTIFYING CAUS	C. CS 747
physicion.  physicion.  ifficate has been signed I  l-transit permit. Then plea	S shaws any injury, or	AL CERTIFICATION	gove rise to imm couse (0), stoffin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UNDER OR CONTRIBUTING CON	which lediate g the lost   DI	(b) LETO, OR AS A CONSECTIONS CONTRIBUTING TO LOCAL CONDITION FOR WHITE OF INJURY HOUR A.M. MONTH	O DEATH BUT N CH OPERATION  DAY YEAR	int -T	200 AUTOPS YES N	Y? 20b	BS WERE FINE CERTIFYING CAUS YES [	G. es 743. DINGS USED ES OF DEATH? NO
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at OR ATTENDING PHYSICIAN. The low requires the hospital or ottending physicion.  At DIRECTOR: After this certificate has been signed letoched for use as the burial-transit permit. Then pleated per use as the burial-transit permit. Then pleated per use as the burial-transit permit. Then pleated per use the burial transit permit.	nem 21 is marked or nem 18 shaws only injury, or		gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UNDOR CONTRIBUTING COURT (IF EITHER, NOTIFY MEDICAL INJURY OCCULER WHILE NOT WHAT WORK NOT WHAT WORK 120-1 certify that (II)	which lediote g the lost VIFICANT CONDITION 19  FINAL EXAMINER CED 21  LEE CONDITION 19  AUSE OF DEATH	(b)  JE TO, OR AS A CONSECTIONS CONTRIBUTING T  HULT PL  B. TIME OF INJURY HOUR A.M. MONTH P.M.  P.M.  P.M.  P. PLACE OF INJURY THOME STREET, FACTORY OFFICE ended the deceosed from	DUENCE OF  O DEATH BUT N  O DAY YEAR  19  CE, FARM ETC.)  D  M  D  M  D  D  M  D  D	WAS PERFORMED  21t. HOW INJURY OCCUI  21t. LOCATION STREET  4 that is (my) bur) opinion  EGREE ATTENDING PHYSICIAN  22e ADDRESS CMG	200 AUTOPS YES N RRED (ENTER NATURE)  C  . 10  . deoth occurred of the decoration of	Y? 20b IN O X O IN O TOWN OF INJURY IN I	b. IF YES, WERE FINICERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO  STATE  that (I) (Ye) lone couses stated TE SIGNED

YTHATIOS YMAGBLIA H. Va. Winemal Keyane James H. Bowelen Cynthia C. Spanear Shirtey spender has 2 for ser, M. Was-SIT BEET ST., CHEETLAND, NO. 235M weight to among the second common the second to MIND ST. NEW ST. EXTENDED FOR FOR THE DEVELOP WY DEVEL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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## STATE OF MARYLAND

	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 I U	8 0 7 1
	1. DECEASED NAME FIRST	WIDDLE	LA	ST .	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
1	MARY	LEONA	BRA	KEALL	APRIL 13, 198	3:45
	Female	White	5 DATE OF FED.	3, <sup>1</sup> 1891 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	M. BIRTHPLACE (STATE ORFOREIGN COUNTRY)  Bedford County, I	76 CITIZEN OF WHAT COU	MARRIED WIDOWED	□ NEVER MARRIED □ DIVORCED □	Allegany	Y OF DEATH
)	CUMBERLAND	11. NAME OF HOSPITAL, IN THE NOTING SUCH FACILITY, GIVEN THE MEMORIAL	NURSING HOME OF LESTREET ADDRESS) HOSPITA		12d USUAL OCCUPATION (THOUSEWING LI	126 KIND OF BUSINESS OF INDUSTRY OWN Home
1	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COUN			13d Inside City Limits? Yes \( \text{NO \( \overline{K} \)}\)	Route 1-Ridgely	, W. Va.
1	James	MODIE MODI	AST	Mary Jane	MIDDLE	Markle
	160, WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIN	MED FORCES?   16b SOCIA		Mr. Don M. B	rakeall, Rt. 1 R	
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), D BY TE CAUSE (a)	(b), and (c)	i Weard	Zailer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONDUCTOR OF A	derausel	aflero	eleneras	geen
SICATION		ONDITIONS CONTRIBUTION  196. CONDITION FOR V	Columb	us Irun	IN CERTIF	VEN IN PART 1(a)  S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
7	CO CO. WOLLDING C. C. C. C. C.		TH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18.1	PART 1 OR PART 2)
	OR CONTINUOUS CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this haspi	tall attended the deceased	from 4-	10 X 1	to 44	19 7 that (I) (we) la

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL BURIAL

IAMES

22e ADDRESS 441

23c NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

DEGREE

DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated

23d. LOCATION

MEDICAL

COUNTY STATE

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur MPORTANT: If Hem 21 is marked ar Hem 18 shaws any

FUNERAL DIRECTOR.

0

2 James Md. Scarpelli, Cumberlandess Md.

236. DATE

4-16-81

sow the deceased alive an above, (I) (we) (did) (did nat) view the bady after death

WILLIAM P.

Near Hancock Md. Tonoloway Cemetery

el Citato intolin the life . We well, w. I had the and the second s A THE STREET OF alione derived the state of the

to versalis in Section See Follows forms 1922-1924

To be

TESTS of Carlos of Links and animal Est animal State of the State of State of Carlos o

A, beat t

ATTENDO YMANGALIA

FUNERAL HOME

FOR - STATE

REGISTRAR

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST MIDDLE 20. DATE OF DEATH 2b. HOUR APRIL 27,1981 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR DATS 9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12b, KIND OF BUSINESS OR LABORER PAPER MILL ROUNDS ADDRESS BARTON, MD. 21521

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> CITY OR TOWN STATE

and that in (my) (pur) pinion death occurred on the date and hour and from the causes stated 22c. DATE SKONED

924 SETON DRIVE, CUMBERLAND, MD 21502

PHILOS CEMETERY WESTERNPORT ALLEGANY MD. A BAVE REC'D. BILLEGISTRAR 20 REGISTRAR'S SIGNATURE ADD. WESTERNPORT . MD

21562

CHURCH STREET

DHMH - 16.50M 1/81 (VRA 15, 4)

CL FEOT ST FIRM STEEL DESCRIPTION AND DESCRIPTION OF TAXABLE PROPERTY. थ्यम् १६ गर्ड ३ व्यक्त सर्विज्यसम्ब

ANDREW STARTO, 30. Oth SETTS COLVE OLDSEN AND STEEL AND

PRINTED LIVE TO CHESCH THREET, 21552

STATE OF MARYLAND

FLOYD CLEARLY STEEL ST, 1991 A RIEL E. VELWOIA, P.C. 205 STATE CATHE, CONSESSAND, NO. 2150C STUDENT FULL HOLE, ONC. VO. 21550 IL NEV

KE45CV, W. Vai

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Personal white country, 1897, as - Little Chairman and Chairman T.Va. Minoral Negree X 2 1 New 165 c John Military Sering John off of 1352 attack E. Ofkon Of Proyect, W. Vo.

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10	1		FOR			DEPART	STAT MENT OF H		ARYLAN AND M		YGIENE	-	0	8	8 9	8	
1	,		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE O	FDEAT	H	REG NO	).			
	₩ <b>₩</b> ₩ ₩ ₩ ₩		EASED NAM OR PRINT)		Seaton Cla	MIDDLE			LAST			10	NOWNZA ESTI- MATED [	MONTH	L-81	7:00 A	
	NA PIEA ORECTO NUR FILE NA STREE	3 SEX		4 RACE White	5. DATE OF BIRTH	1900	6. AGE (IN YEA	() MONTH	DER 1 YR.	IF UNDER 2	MIN. PR	DATE ONOUNG DEAD	CED 4-1	1-81	DAY YI	7: 30 A	
		7a. BIF	RTHPLACE (S	STATE OR	76 CITIZEN OF W		1 K	0	ED 🛣 NE	VER MARRIE	DU	9. BALTIMORE CITY OR COUNT Allegany			Y OF DEATH	1 M	
	N. W. W.		ennsyl		USA			WIDOW		DIVORCE						MD.	
ELAY IS TO THE V	ELAY IS TO THE PAGE SE FILED SS, 201	C	umberl	and	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IE NOT, IN SUCH FACILITY, GIVE STREET ADDRESS)  311 Pennsylavania Aver				other institution   120 USUAL OCCUPATION (Type of Form Most of Working Life)   Retired Forem						OR INDUSTRY		
21201	URS AFTER DEATH. IF ANY DELAY IS NECESSAI 8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL WITH FORM PM 3. RETAIN PAGE 5 FOR YO 1. PAGES 1 AND 2 SHOULD BE FILED, WITHIN DIVISION OF ATTAI RECORDS, 201 W. PREST	13a. ST	L RESIDENCE ATE D	(IF IN NURSING HOME 13b. COUN All	or other postitution, GI VTY <b>egany</b>	13c CITY	BEFORE ADMISSION OR TOWN	id	13d INSIDE C	ITY LIMITS?	13. STREET	ADDRES Penr	sylav	ania	Avenu	e	
SALTIMORE, MD.	M PM 3. AND 2 SI AND 2 SI OFVITAL	14. FA	THER'S NAMI	Albert (	Clawson		LAST		15. MOTH	er's maider Lydia	Cadwa	allaď	er		LAST		
WO	NO NO T	16e. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFÓR/	THAN			ADDRÉSS		-		
T	AFTE INE FI AGES ISION	- (YE	S, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	17	6-03-20	80	Jose	phine	Claws	son	Cumbe	rland	l, MD	Wife	
N ST., 8	24 HOURS AF ITEM 18. GIVE LONG WITH PERMIT. PAG GIENE, DIVISIONAL.		18. CAUSE C	EATH WAS CAUSE	nly one couse per line D BY: JE CAUSE (a)	far (a), (b	), and (c).)	Coror	nary	Throm	bosis	3			APPROXI	MATE INTERVAL INSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN ITEM 18. HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE. D RIAL, CREMATION, OR REMOVAL.		gove ri	ins, if any, which ise to immediate	DUE TO, OR		NSEQUENCE C	Cord	onary	Scle	rosis					• ••	
S, 201 W	CUTED V I EXAM JRIAL-T ND MEN		lying car		(c)		ISEQUENCE C										
CORD	NOIN NOIN NOIN NOIN NOIN NOIN NOIN NOIN	NO	P:	revious	Old Myoc	ardia	al Inf	arct:	ion compition	N GIVEN IN PART	T l · a						
TAL RI	SHOULD NORD "PE E CHIEF A BE USED A NT OF HEA BURIAL, O	TIFICAT	19a. DATE OF	FOPERATION	19b. CONDI	TION FOR	WHICH OPERA	VION W	AS PERFOR	MED?					20 AUTOF		
ON OF	CERTIFICATE WE WE TING THE WE SED TO THE WE SENOULD BUSINESS OF PRIOR TO BUSINESS OF THE SENOULD BUSIN	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS  G OR ING CAUSE OF		MONTH	DAY YEAR	21c. HC	W INJURY	OCCURRED	(ENTER NAT	TURE OF INJU	IRY IN ITEM 18 P	PART I OR PAR	T 2)	1 1 1 1 1	
DIVISIO	MEDICAL EXAMINER: THIS CRITIFICATE SI COLTE THE CERTIFICATE, WRITING THE WOS EL & SHOULD BE FORWARDED TO THE C FUNERAL DIRECTOR: PAGE 3 SHOULD BE ITED BATH, WITH THE STATE DEPARTMENT ITED BATH, WITH THE STATE DEPARTMENT	MEDIC	WHILE AT WORK		21e PLACE (	OF INJURY TORY, FARM, E			TREET			CITY OR TOW		COU	NTY	STATE	
			22a 1 certi	1	ge of the remains des	Accident		Autops	, Homic	Inspection		Inquiry		d in my opi	nan		
	CAL EXY SHOULD SHOULD IRAL DIG RATH, WI RE, MAR		ACTUAL SIGNATURE	Bene	dict &	Kita	rele	M.	Depu			AL EX AMI		SIGNE			
	DECUTE THE PACE A SHOOT TO FE WERA ATTER DEATH		EXAMINER'S (TYPE OR PRI	INT)	edict Ski				ADDRESS_	R#9,C1			Mary	land	21502	y-X	
	BP	(5	Buri		Apr. 14, 1	981 236.	Green F	idge	Ceme	tery		nells	ville	, Pa	TY	100 m	
	DHMH - 17	24 FL	NERAL DIREC		ADDRESS					250. DAFP	R'D1BY RE	9981	25h. P	1	AND	-	
4	(VR A 15 ME (5)) 15M 2/80		SCARPE	ELLI FUNE	RAL HOME	CUMB	ERLAND,	MD		• • •	0	.001		/		1	

are and streets Total E. Jan today Toward michego, T. V- Taye, Combardand, Caryland 21502 energice distribute. To Effectional testine out from Jie Connection

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DAY YEAR THOUR
		CEASED NAME FIRST	MIDDLE		APRIL 3,	120 110011
FINA	2.00	JULIZ	A ROBERTA	COLE  S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1981 8:35a M
NEW !	3. 5E			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
	7n B	Female	White 7b. CITIZEN OF WHAT COUNTRY?	March 13 1911	70 YRS	OFDEATH
200		COUNTRY NAME OF STREET	200	MARRIED NEVER MARRIED	ALLEGANY	COUNTY
1	18 C	TY OR TO WOOF DEATH		WIDOWED DIVORCED US HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
52		Cumberland /	(IF NOT IN SUCH FACILITY, GIVE STREET  SACRED HEAR!	HOSPITAL	Housekeeper—	FE) INDUSTRY
DE	13a S	STATE 136 COUP		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
80		ryland Alle	gany Flintst	ONE) YES NO X	RFD #1 Chaneyar	ille Rd
010		Argyle	MIDDLE LAST Wils	on Matild	WIDDLE	Twigg
0		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	RITY NO. 17, INFORMANT	ADDRESS O	1 , 11111
e med		No	216-46-	0643 GLADYS KENNEY	1-Rfd#2 Box#6 Ki	oydey WINH
or other troumotic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Operalue:		
to bur	N N	PART 2 OTHER SIGNIFICANT	-	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 11a
8 shows ony	CERTIFICATION	190 DATE OF OPERATION/ 3/13/81		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \bigcup  \text{NO}   \text{}
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Heolt is mo			tal) attended the deceased from_			19 that (I) (we) lost
or of or of or of or of		sow the deceased alive of above, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body after death.	, and that in (my) (our) opinion	death accurred on the date and how	22c DATE SIGNED
te Dep		O IV	and mid.	ATTENDING	DIRECTOR PHYSICIAN	S. DATE STOTES
ould be d		22d. PHYSICIANIS NAME (TYPE C	DR PRIME)	22e ADDRESS	J. DIRECTOR EL TITISICIAT EL	
8 ± g		RENATO ESPI				

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

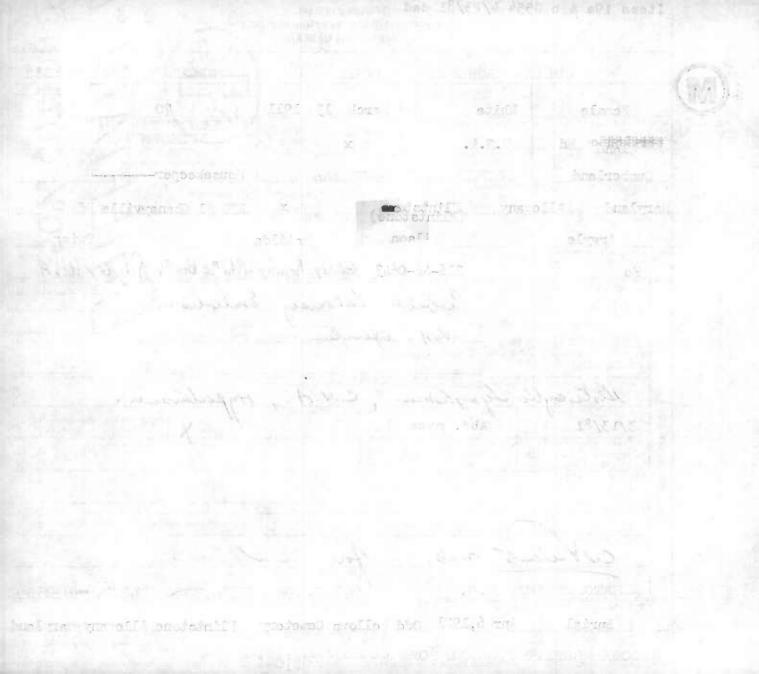
23b. DATE

Odd Fellows Cemetery | Flintstone Alle Burial Flintstone Allegany Maryland 24. FUNERAL DIRECTOR 1981 CUMBERLAND SILCOX-MERRITT FUNERAL HOME

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

CITY OR TOWN



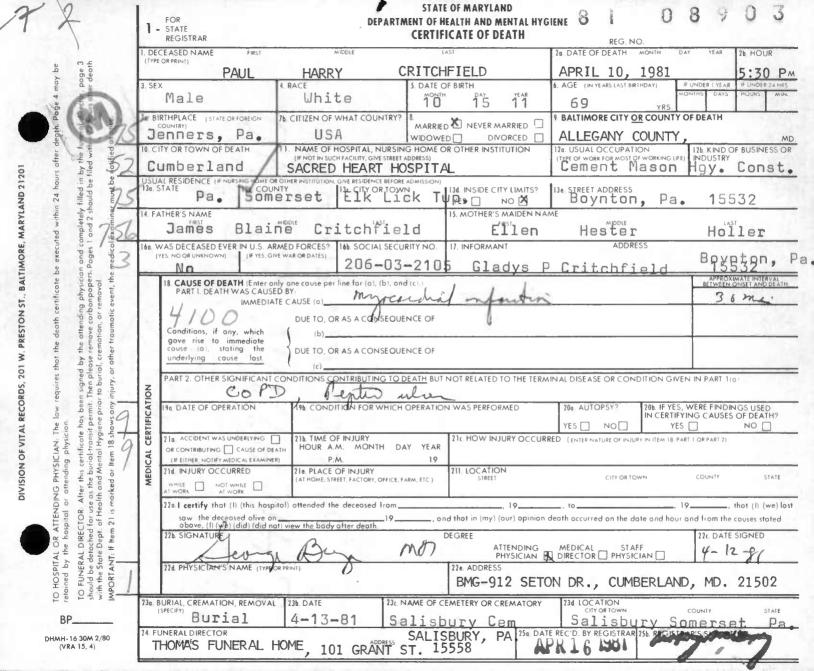
1	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 1 C	8 9 0 0
"		CEASED NAME FIRST .	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR PIN
2 55		MILDE	RED I.	COOL	EY	APRIL 19. 1	1981 3:54 M
	3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
600		F	W	May		75 YRS	
Wyg		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT CO	WIDOW		Allegany Co.	ITY OF DEATH MD.
	(	CUMBERLAND	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G MEMORIA	L HOSP I	TAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales Rep/	12b. KIND OF BUSINESS OR INDUSTRY AVON
filled in nauld be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE IN COU	VTY 135 CITY	nce before admission OR TOWN <b>thfield</b>	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 81 Liberty St.	
ompletely ond 2 sha	14. FA	THER'S NAME FIRST William V. Fe		LAST	15. MOTHER'S MAIDEN N. FIRST	Rankin	LAST
on and co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	14 5247	Goldsboro Fu	ADDRESS neral Home, Fair	rchance, Pa.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
in requires that the death or in the signed by the attending permit then please remove carb me permit burial, cremation, or an any in ury, or other traumatic.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b)  DUE TO, OR AS A CO (c)  CONDITIONS CONTRIBUTION  FOR CONDITION FOR		T NOT RELATED TO THE TERM	IN CER	
HYSICIAN, Therding physicial ph	MEDICAL CERT	TIS ACCIDENT VAS UNDERTRING DE CONTREBUTHO DE CAUSE OF DE LIFETHER, NOTIFE MEDICAL EXAMINE TIE INJURY OCCURRED		19	THE LOCATION	CITY OF TOWN	1000
Spifat, OR attributions of ob- oby the hospital or other INERAL DIRECTOR: After the observed of the observed for use on the the Store Dept. of Health are, STANT. If then 21 is marked	W	were A ST WORK AND WO	ital granded the deceased at view fire body after death	1 trom 4/	nd that in my (our) opinion DEGREE PHYSICIAN 174 ADDRESS	death occurryth on the date and h	19 8/ the (we) last our and from the course stated    72c DATE STONED   4/20/8/
HOSPI med b uld be tithe Si ORTAN		NAME OF STREET					CAL BUILDING
TO FUNERA should be de with the Stat	73a. 8	URIAL CREMATION, REMOVAL		23r, NAME OF	CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	CAL BUILDING

. It was a second of the secon Market W. S. S. S. S. S. OR TAPE AND DESCRIPTION OF THE STREET, STORY OF AT SO THE PORT WILLIAM BONDS THE WATER SHOP SHOP IN THE WAY region in the last th SEED SHEET OF LEEST WATER



1 -	REGISTRAR					ICATE OF D			G. NO.			
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315 Grand Ave. LAST Mr. Lester A. Delawder, Cumberland, Md. Son BETWEEN COMET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO E TIL HOW INJURY OCCURRED LINITE NATURE OF MAJORY PATERA 18, PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the couses stated MEDICAL BLDG La Vale, Allegany, Md .--4-8-1981 Burial Restlawn Mem.Gardens 74. FLINERAL DIRECTOR DHMH-16 30M 2/80 James F. Scarpelli, Cumberland, Md. (VRA 15, 4)

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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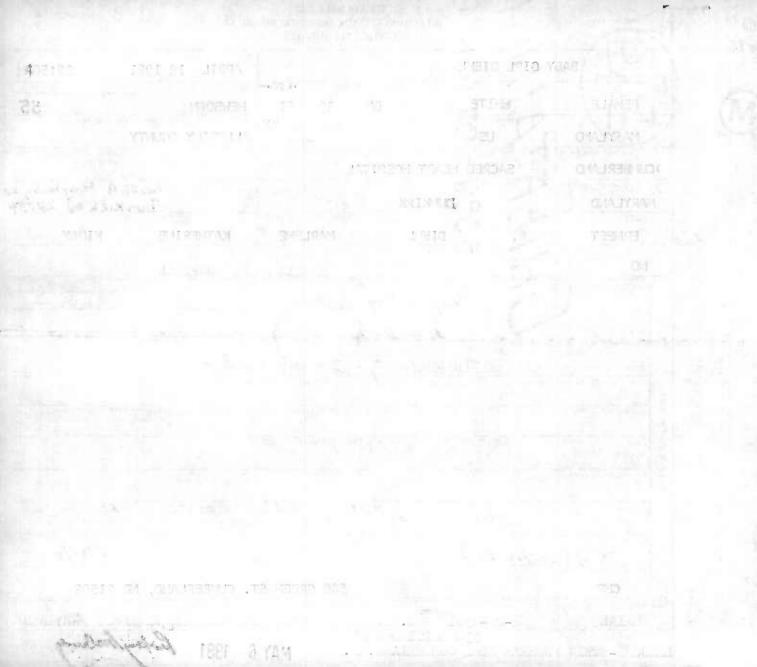
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th certificate nating physici carban paper or remaval. atic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDI	ATE CAUSE (a)	Respunds			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATTEN spital CTOR: d far us s far us af He		22b. SIGNATURE	, -	)	DEGREE ATTENDING	MEDICAL STAFF	22c. DAJE SIGNED
OR AT or hosp DIRECT ached fo Dept. a		K. Jour		0	PHYSICIAN	DIRECTOR   PHYSICIAN	4/21/81
RECT RECT Red for ept. a		22d PHYSICIAN NAME (TYP)  CMG  URIAL, CREMATION, REMOVA	OR PRINT)	<i>v</i>	22e ADDRESS	ST. CUMBERLAND, N	



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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECULE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNDEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.  **AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDICAL PROPISION OEVITAL RECORDS, 201 WEATTRANDE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	gave ri cause (a	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  Due TO, OR AS A CONSEQUENCE OF  (b)  Due TO, OR AS A CONSEQUENCE OF										_			
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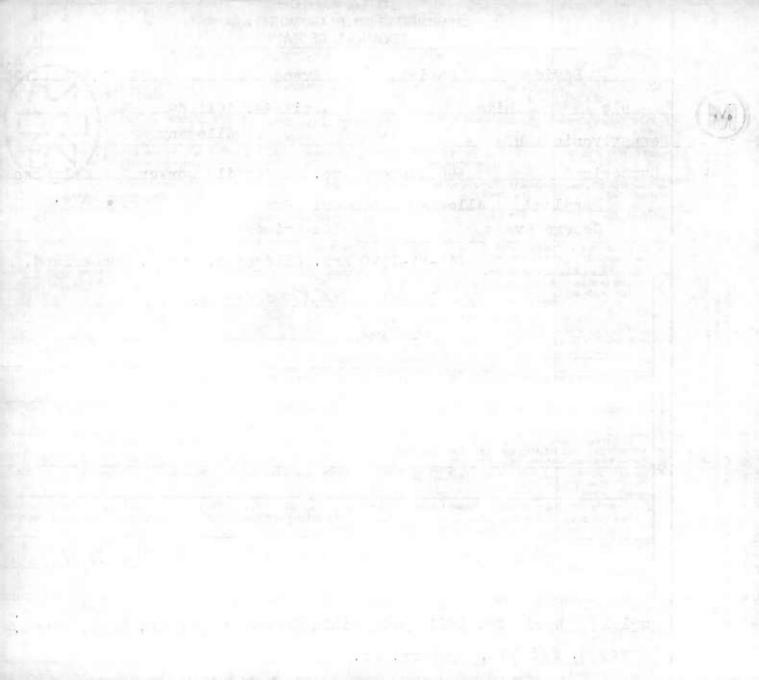
CUMBERLAND, MD

JAMES F. SCARPELLI

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX		RACE	5. DATE OF BIRTH	900 6 AGE (IN YE		DER 1 YR. IF UND		2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d HO
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	USU A 130, S	TATE W. Va.	IF IN NURSING HOME O	or other institution, give ITY eral	RESIDENCE BEFORE ADMISS 134. CITY OR TOWN Keyser	ION)	34. INSIDE CITY LIMITS	-	eet address Orchard			
	14. E/	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
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	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH R	UT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN	PART 1 In				
7	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ION FOR WHICH OPE	RATION WA	S PERFORMED?				20 AUTOPSY?	
ム	RTIF	21a EXTERNA	CALISEWAS	21b TIME OF	INTUDY	1214 HO	W INTURY OCCUR	DED (ENTER)	NATURE OF INJURY IN ITE	M 10 DADT I OD DAG	YES .	KXXON
3		UNDERLYING	_	HOUR A.M.	MONTH DAY YEA		W INJURY OCCUP	(KED (ENIER)	NATURE OF INJUST IN THE	m is part tok par	N1 2)	
	MEDICAL	21d. INJURY O WHILE AT WORK			FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	ATION REET		CITY OR TOWN	COL	YTMU	STATE
AND,			y that I took char	ge of the remains desc		Autopsy	y , Inspec	tian X,	Inquiry X.,	and in my ap	HINIAN	
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			Natu	rol causes 🔼 ,	Accident [], S	uicide 🔲,	TITLE (SPECIFY)		erminea manner _[	·		
, —	-	ACTUAL SIGNATURE	Bene	dect Sk	Marelie		Deputy	MED	ICAL EXAMINER	DATE , SIGNE	4-11-81	
2		EXAMINER'S N (TYPE OR PRIN	NAME Bened	ict Skitar	elic, M.D.				and, Mary	land 2	1502	
	22- 0	URIAL, CREMAT	ION REMOVAL	73b DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LC	OCATION OR TOWN			
	230.8	SPECIFY)		11/11/81	DE 17 2 -	. 0	A			COUP		TE TE
	Z30.8	Bu	rial	14/14/81	Mt. Zion	n Ceme	tery 250. DA	Ne	REGISTRAR 256	r Mine		Va.

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within 24 hours ofter deoth. Page 4

## FOR STATE REGISTRAR 1 DECEASED NAME FIRST CHARL

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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		REGISTRAR				CEKITE	ICATE OF DEATH	REG. NO.			
		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MO	NTH DA	YEAR	26 HOUR
	LIAME	OR PRINT)	CHARLE	ES M	cclellan	F	LEEK	APRI	L 18,	1981	10:10A
	1 SEX	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHD	_	UNDER TYEAR	IF UNDER 24 HRS
		Male		White	9	Se	pt. 15, 1890	90	YRS	NIHS DATS	HOURS MIN.
L			OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		F DEATH	
3		COUNTRY)	Va.	USA		WIDOWE	D NEVER MARRIED U			COUNTY	Y, MD.
	10. CI	TY OR TOWN OF	DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
2		Cumberla	and /		D HEART I		ΤΔΙ	Machinist			ailroad
,		AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4	подр	D	arrivau
1	130 5	W. Va.	BA COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS	D = 0 = 0	C	do no. o . do
	IA FA	THER'S NAME	WII	neral	Keys	er.	YES X NO	117 W.	Flear	mont 5	treet
9		Jacob	11/1	cc lellar	ı Fle	ok	Mary	Elizäbeth		Urice	ī
1									9.0		
)		VAS DECEASED EN		MED FORCES? VE WAR OR DATES! One	166 SOCIAL SECU		17 INFORMANT	ADDRESS	77.0		W. Va.
>	-	NO	IV.	one	705 10 3	785	Mrs. Linda	Lee Lyons, 1	/ W.		MATE INTERVAL
	TION	PART 2 OTHER	immediate of ing the luse lost.	DUE TO, OI	1 60	ENCE OF COM	NOT RESIDED TO SHE TERM				
2	CERTIFICATION	190 DATE OF OPE	S/S/	1% CONDI	LIGN FOR WHICH	_	N WAS PERFORMED			WERE FINDING CAUSES	NGS USED OF DEATH?
7	MEDICAL CER	OR CONTRIBUTING	AEDICAL EXAMINER	1111	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PAR	ORPART 2)	
	MED	21d. INJURY OCC	WHILE WORK	(AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	2/ 18 A		COUNTY	STATE
		220. I certify that sow the deci obove (1) (w. 22b. SIG	eased alive on	100 /	3/ 108	-	19	deoth occurred on the during the deoth occurred on the during the deoth occurred on the		nd from the	
1		22d. PHYSICIAN'S	Section Williams	ENDEDCED	МЪ	1	724 KDDRESS	TOE CT CLASS		1	Laren
	23a B			ENBERGER		NAME OF C		TRE ST. CUME	EKLAN	ID, MD	21502
	23a. B	URIAL, CREMATIC				VAME OF C	EMETERY OR CREMATORY	23d LOCATION		Parado Nation	~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur should be detached for use as the burnal-transit permit. Then please remove carban papers: Pages 1 and 2 should be filed with

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other troumatic

DHMH - 16 50M 1/81 (VRA 15, 4) MÄRKWOOD FUNERAL HOME

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23c. NAME OF CEMETERY OR CREMATORY
Queens Point Cem.

23d LOCATION
CHYORTOWN
Keyser

Mineral

1 W. Va

11 MINERAL ST. 250 DATE REGISTRAR 256 REGISTRAR'S SIGNATURE KEYSER, WV 26726

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3.	SEX Ma	le W	hite	Aug. 28,	1921	6. AGE IIN YEAR LAST BIRTHDAY 59 YRS	MONTE		HOURS M	HRS. 2c. DA PRONO DE	UNCED	month	DAY YEA 7 1983	P 2d. H
3	FOR	THPLACE (STATE OR EIGH COUNTRY)  aryland		76. CITIZEN OF	SA		WIDOW		DIVORCED		A	llegar		
	Cu	y or town of de mberland		DOA"	Memor:	URSING HOME, STREET ADDRESS) Lal Hosp	ital			FOR MOST OF W		TYPE OF WORK	OR INDUS	Co.
13	la. ST	. Va.	13b. COUNT	TY	13c. CIT	Y OR TOWN			NO 😧	street add			116 Oll III	
		THER'S NAME FIRST  AS AS DECEASED EVER	a Hari		144.00	LAST OCIAL SECURITY	NO	15. MOTHER' FIRS	Ina C	onnors	ADDR		LAST	
10	(YE	yes	War	WAR OR DATES)	21	5-16-423				n D. Ha			Wife Ford, W	
1	A.	18 CAUSE OF DEA PART I DEATH V	VAS CAUSEI	BY: 'E CAUSE (a)				y Occl	usion				sudd	SET AND DE
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	MEDICAL CERTIFICATION	190. DATE OF OPER	ATION	19b. CO1	NDITION FOR	WHICH OPERA	TION W	AS PERFORM	ED?			-	20 AUTOPS	
	CAL CERTI	210 EXTERNAL CAU	OR	HOUR	OF INJURY A.M. MONTI P.M.	H DAY YEAR	21c. HC	)W INJURY O	CCURRED	ENTER NATURE OF	INJURY IN ITEM	18 PART I OR P	YES ART 2)	NO
	MEDI	WHILE NOT AT WORK AT WORK	WHILE C		CE OF INJUR FACTORY, FARM,			CATION TREET		CITY OR	TOWN	cc	YTAUC	STA
		220. I certify that death resulted fran ACTUAL SIGNATURE		e of the remains al causes $X$ ,	Accident Skil		Autap	Hamicid TITLE (SPE	e	X Inqui	manner	and in my a	4-27-	1981
1	30 01	EXAMINER'S NAME (TYPE OR PRINT)				name of CEM		ADDRESS		erland,				
	Si	Burial		4-30-19	81	Sunset	Memo	rial P	ark	23d, LOCATION CITY OR TOWN	rland	4334	SIGNATURE	STATE
		o stille	S F. S	carpell	i, Cun	berland	.Md.		10.99.5			-	- 0/	

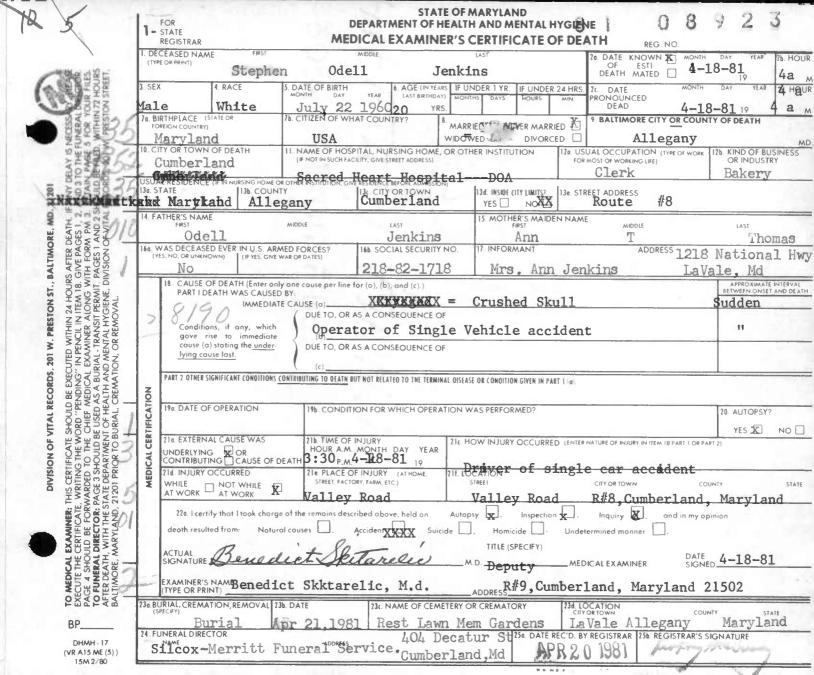
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1 5 5	REGISTRAR	E FIRST	M	EDICAL EXAMIN		LATE OF DEA	KEG.		
	CEASED NAM PE OR PRINT)			MIDDLE	LAST		20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR
	T	Ches	ter	W.	Hook		DEATH MATED	□ 4-13-	819 1:
3. SE	X	4. RACE	5. DATE OF BIRT	YEAR LAST RIPTHI	EARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH DAY	Y YEAR
N	ale	White	Jan. 28		rrs.	HOURS MIN	DEAD	4-13-	819 1"
B	IRTHPLACE (5	TATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED THE	/FR MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH
1	West V	irginia	US	A	WIDOWED T	DIVORCED .	Alleg	anu	
10. C	ITY OR TOWN		11. NAME OF HO	OSPITAL, NURSING HOM	E, OR OTHER INSTITU	TION 120. US	JAL OCCUPATION (	TYPE OF WORK 12b. K	IND OF BUS
	Cumber	riana		ial Hospita.		Re	MOST OF WORKING LIFE)	an Gà	rage
	AL RESIDENCE	(IF IN NURSING HOME	E OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISS	SION)	TV	EET ADDRESS		
	.Va.	More		Paw Paw	YES 🗌	NO 🔯	Route #	7	
14 F	ATHER'S NAME	E	MIDDLE	LAST	15. MOTHE	R'S MAIDEN NAME			LAST
	James		MIDDLE	Hook	1 '	Matilda	M.	Вс	hrer
160.		DEVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI			ADDRE		
,	No	(11-125, 61)	VE WAR OR DATES)	232-10-2	553 A Mrs	Chester	(Nellie)		2543
	18 CAUSE C	F DEATH (Enter o	anly one cause per li	ne far (o), (b), and (c).)			,		APPROXIMATE
	PARTIDE	EATH WAS CAUS	SED BY: ATE CAUSE (o)	-	aru Occlus	ion			rween onset
	4/1	IMMEDI		OR AS A CONSEQUENCE				151	idden_
		ns, if ony, which		Con	ronary Scl	erosis		1	
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	lying cou	use lost.	(c)			I GIVEN IN PART 1 (a).			
NO	lying cou	use lost.	(c)	OR AS A CONSEQUENCE		I GIYEN IN PART 1 (a).			
CATION	PART 2 OTHER SI	use lost.	(c)		MINAL DISEASE OR CONDITION			20.	AUTOPSY?
TIFICATION	PART 2 OTHER SI	USE LOST.	(c)	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION			20.	AUTOPSY?
CERTIFICATION	PART 2 OTHER SI	GNIFICANT CONDITION  OPERATION  AL CAUSE WAS	(c)	TH BUT NOT RELATED TO THE TER DITION FOR WHICH OPE OF INJURY	MINAL DISEASE OR CONDITION RATION WAS PERFOR	MED?	NATURE OF INJURY IN ITEM		
	PART 2 OTHER SI	GNIFICANT CONDITION  OPERATION  AL CAUSE WAS	(c) (c) (DATE OF A THE OF A TH	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION RATION WAS PERFOR	MED?	NATURE OF INJURY IN ITEM		
	Jying cou PART 2 OTHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C	GOVERNED OF COURSE OF COUR	(c)  19b. CONE  19b. CONE  21b. TIME C HOUR A F DEATH P.  21e. PLACE	DITION FOR WHICH OPE  OF INJURY M. MONTH DAY YEA M. 19 E OF INJURY (ATHOME.	MINAL DISEASE OR CONDITION  RATION WAS PERFOR  R  21c. HOW INJURY	MED?		38 PART 1 OR PART 2)	
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	PART 2 OTHER SI  190 DATE OF  210 EXTERNA UNDERLYING CONTRIBUTI 21d, INJURY C WHILE AT WORK	IGNIFICANT CONDITION  OPERATION  AL CAUSE WAS  OR  NG CAUSE OF  OCCURRED  NOT WHILE  AT WORK	(c)  19b. CONE  19b. CONE  21b. TIME (HOUR A. HOUR A. STREET, FA	OF INJURY  M. MONTH DAY YEA  M. 19  E OF INJURY (ATHOME, ACTORY, FARM, ETC.)	MINAL DISEASE OR CONDITION RATION WAS PERFOR.  21c. HOW INJURY 21f. LOCATION STREET	MED?	CITY OR TOWN	18 PART 1 OR PART 2)  COUNTY	
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m 5		REGISTRAR ECEASED NAME F	FIRST	MIDDLE	LAST	TE OF DEATH	REG. N 20. DATE OF DEATH	MONTH DAY	20.110
d oth	1	```	GILBERT	LEE	KEIST		APRIL 13		
	). SE	Male		ite	Sept.	1900 3 1930	6. AGE (IN YEARS LAST BI	YRS.	UNDER 1 YEAR IF UNDE
V	5	West Virgin	ia U		WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY (		FDEATH
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y filled in should be			Allegany	13c. CITY OR TOW Cresapt	OWN YE	INSIDE CITY LIMITS?	13e. STREET ADDRESS 12805 Mc		
ond 2	4	Robert		Keister .		MOTHER'S MAIDEN NA	WIDDLE		Kline
Pages 1			U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16h SOCIAL SECU	5611	INFORMANT	ADDR		
physician conpapers. Permonal.		NO 18. CAUSE OF DEATH (		214-05-		Beulah Keis	ter same	as above	APPROXIMATE INTE
the attending emave carbor emation, ar re- er traumatic ev		Conditions, if ony, will gave rise to immed cause (o), stating	hich (b)_	DR AS A CONSEQUE	41 her sch	Pain - 1			
signed by the ottendir hen please remove cork to burial, cremation, or qury, or other traumatic	NO	gave rise to immed cause (a), stating underlying cause	thich (b)_ liate the lost.	DR AS A CONSEQUE	HTHE SCL	RELATED TO THE TER/	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(0)
tos been signed by the atterpermit. Then please remove ne prior to burial, crematian ws any injury, or ather traum	TIFICATION	gave rise to immed cause (a), stating underlying cause	thich (b)_ liote the DUE TO, C lost. (c) ICANT CONDITIONS C	DR AS A CONSEQUE	ENCE OF DEATH BUT NOT		ZOG AUTOPSY?  YES M NO	20b. IF YES, W	IN PART 1(0)  VERE FINDINGS USE  NG CAUSES OF DEA
icate has been signed by the atternorsi permit. Then please remove Hygiene prior to burial, cremation 18 shows any injury, or ather troun	CAL CERTIFICATION	gave rise to immed couse (a), stating underlying cause  PART 2. OTHER SIGNIFI	thich (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OR AS A CONSEQUE	DEATH BUT NOT	RELATED TO THE TER/	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	VERE FINDINGS USE NG CAUSES OF DEA NO [
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After this certificate has been signed by the attects of the businel-transit permit. Then please remove oith and Mental Hygiene prior to busins, cremation marked or Item 18 shows any injury, or ather traum		gove rise to immed couse (ouse of stating underlying couse)  PART 2. OTHER SIGNIFI  PART 2. OTHER SIGNIFI  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (HEITHER, NOTHEY MEDICAL) 21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL AT WORK  22a.I certify that (1) (thi	thich (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OR AS A CONSEQUE CONTRIBUTING TO DECEMBE DITION FOR WHICH DEFINJURY A.M. MONTH DEP. B.M. COFINJURY TREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  211  211	RELATED TO THE TER/  LOCATION  STREET	200 AUTOPSY? YES NO RED (ENTERNATURE OF INJUNCTION TO	20b. IF YES, WIN CERTIFYIN YES STATEMENT OF THE PARTITION	VERE FINDINGS USE IGCAUSES OF DEA NO [ I OR PART 2)  COUNTY  , that (I) (
or ottending physicion.  After this certificate has been signed by the otte eas the busial-transit permit. Then please remove oith and Akerial Hygiene prior to busial, ceremation marked or Item 18 shows ony injury, or other troun		gove rise to immed couse (o), stating underlying couse  PART 2. OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING COURTED  WHILE NOT WHOLE AT WORK  22a. I certify that (I) (this saw the deceased cobove, (I) (we) (digh)	thich (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION CONTRIBUTING THE C	OPERATION  AY YEAR  19  211  APPRICATE OF THE PROPERTY OF THE	RELATED TO THE TER/  / Oro- AS PERFORMED  . HOW INJURY OCCUP  LOCATION STREET  . 19  of in (my) (our) opinion	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES STATEMENT OF THE PARTITION	VERE FINDINGS USE IGCAUSES OF DEA NO [ I OR PART 2)  COUNTY  , that (I) (
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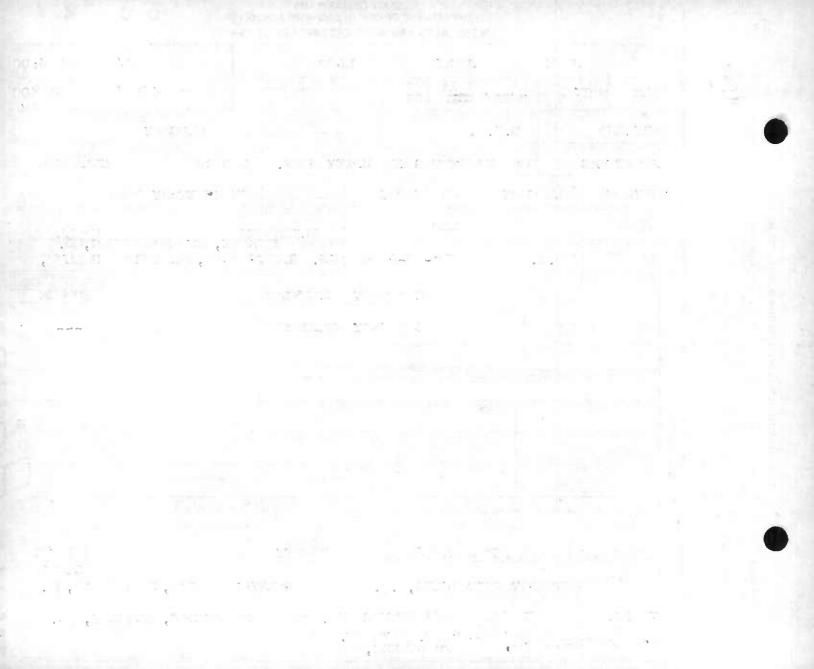
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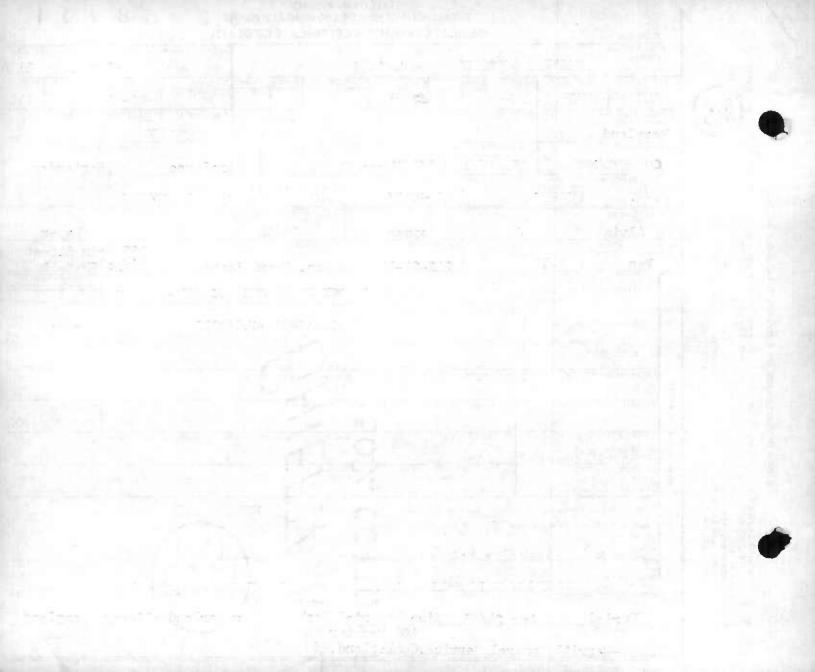
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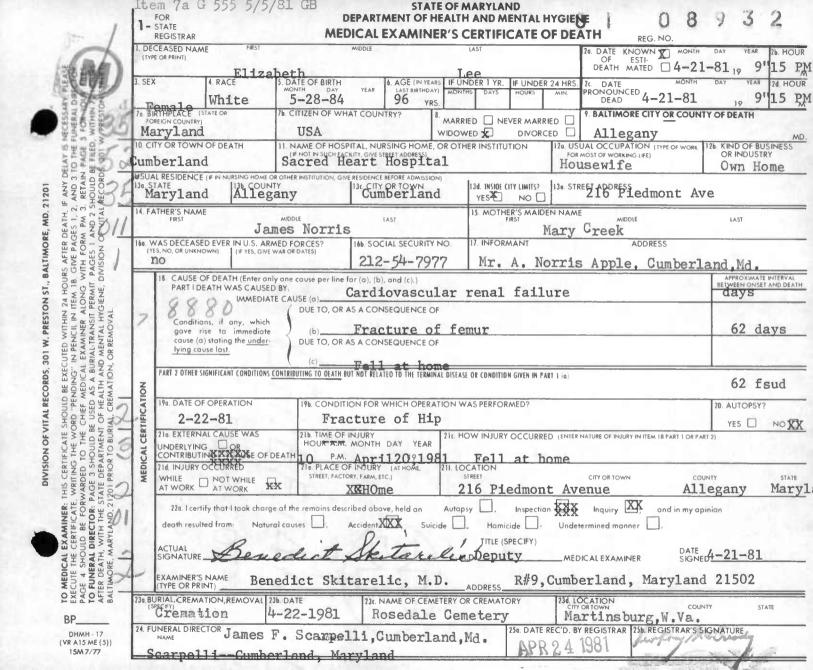
1	1	REGISTRAR	E FIRST	MED	ICAL EXAMI	NER'S CER	TIFICATE O		KI	EG. NO.			la 115:
		CEASED NAM OR PRINT)	JOHN		ACOB	LAP	P		OF EST	- 4	/10	1981	26. HOUR
	SEX M	ALE	4. RACE WHITE	S. DATE OF BIRTH	77" KE	YEARS IF UNDER	1 YR. IF UNDER		DATE NOUNCED DEAD	4/10		YEAR 81	2d. ROUF 400
ĺ		RTHPLACE (S		U.S.A.	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	ED 📙	ALLEG	CITY OR CO	UNTY OF	DEATH	ME
		FROSTE		DOA FROS	TBURG CO			FOR MOST LABO	OCCUPATIO OF WORKING LI	N (TYPE OF WO	CE	CIND OF BU OR INDUST LANES	ISINESS RY E
	USUA 13a. SI	ARYLAN	D 13h COUNT	OR OTHER INSTITUTION, GIVE	FROSTBUR	C 13d.	INSIDE CITY LIMITS?	13. STREET	EMETE	RY RO	AD		
l	16a W	JOHN JOHN	D EVER IN U.S. AR/	MED FORCES?	LAPP'ST	ITY NO. 17. I	MOTHER'S MAIDE FIRST ELIZABI NFORMANTEC	ETH KHART			BURG		
1	(10	NO OR UNKNO		war OR DATES)  ly one cause per line f	214-07-6	846 MR	S. GLAD	YS PAP	E, WAS	HINGT		APPROXIMATI	EINTERVAL
		410 Canditia	IMMEDIAT ons, if any, which	D BY: TE CAUSE (a) DUE TO, OR A	CORO AS A CONSEQUENCI	OF	CLUSION					SUDD I	
		cause (a lying car		DUE TO, OR A	AS A CONSEQUENCE	OF							
	NOI	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	RMINAL OISEASE OR C	ONOITION GIVEN IN PAI	RT 1 (a)					
	CERTIFICATION		OPERATION		ON FOR WHICH OPI	ERATION WAS P	ERFORMED?				20.	YES	? NO 🔼
	CAL CER	UNDERLY INC	NG CAUSE OF	DEATH P.M.	MONTH DAY YEA	AR	NJURY OCCURRE	D (ENTER NATU	re of injury in	ITEM 18 PART 1	OR PART 2)		
	MEDICAL	21d. INJURY ( WHILE AT WORK	DCCURRED  NOT WHILE DAT WORK	STREET FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATI		Cit	Y OR TOWN		COUNTY		STATE
		22a. I cert death result	,	ge af the remains descr ral causes :,		Suicide	Inspection  Hamicide ,		nquiry	and in m	ny opinian		
1		ACTUAL SIGNATURE	Bene	dietx	Ketarel		DESTINA	MEDICAL	. EXAMINER	D/ SI	ATE GNED	4/10/ 2150	
BALTIMORE, M	gast .	EXAMINER'S (TYPE OR PRI	NT) BENEL	DICT SKIT			RESS_BAL			CUMB	ERLA	ND M	).
	(5	BUR IAL	The section of the Market	1/12/81	FROSTB	EMETERY OR CR	L PARK	23d. LOCA CITY OR TO FROS	TRIRG	ALLE	COUNTY	- MD	TATE
		MERAL DIRECT		149	FROSTBU	IN ST.	25g DATE	REC'DIBY NE	SISTRAR 25	REGISTRAL	R'S SIGN	TURE	



Female white series 2, 1975 56 . Va. Ittine at Norman V Tot Virginia St. Frank J. Sayanquan Bartler nulswin 175 20 CESS THEFT A. Conilion Mayser, L.Ve. NAV. I remail newsky statement and market to add to believe riem Potruck Region, L.Va.

1,	FOR - STATE	STATE OF MARY DEPARTMENT OF HEALTH AND	D MENTAL HYGIENE U 8 1	3
- 1	REGISTRAR	MEDICAL EXAMINER'S CERT	The state of the s	
	PECEASED NAME FIRST YPE OR PRINT) WALTER	TUNNEY LAYMAN	20. DATE KNOWN MONTH DAY OF ESTI- DEATH MATED 4-21=	10000
3. 51		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER )	YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY	9 to L1 M
1	MALE WHITE	2-5-28 YEAR LAST BIRTHDAY) MONTHS DA	PRONOUNCED DEAD 4-21-81	19 114
16.	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY OF	
	Maryland	USA WIDOWED T	DIVORCED ALLEGANY	MD.
	CITY OR TOWN OF DEATH  GUMBERLAND	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INS (IE NOT IN SUCH FACILITY, GVE STREET ADDRESS) MEMORIAL HOSPITAL———DOA	FOR MOST OF WORKING LIEE)	or industry rtender
13a.	JAL RESIDENCE (IF IN MIRSING ME O STATE V.VA. MINER	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY  AL  RIDGELEY  13d. IN:  RIDGELEY  YES	NSIDE (ITY LIMITS?   13e. STREET ADDRESS   137 MAIN STREET	
14.1	FATHER'S NAME	MIDDLE LAST 15. MC	OTHER'S MAIDEN NAME	LAST
	Alvin	J Layman	Edith G	Hager
160.	Yes WWI	NAR OR DATES)  1 212-24-1185 M:	FORMANT ADDRESS 133 Mai irs. Pearl Layman Ridgele	y w va
	PART I DEATH WAS CAUSED	E CAUSE (a)	ALE SECTION OF THE SE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH JDDEN
	Canditians, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF XX COF	RONARY SCLEROSOS	
	cause (a) stating the <u>under</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
N C		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	NDITION GIVEN IN PART 1 (d).	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PER	RFORMED? 20.	AUTOPSY?
T E			4	YES NOXX
MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR P.M. 19	IJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDI	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE
	, deoth resulted fram: Natura	1 1	Inspection XXX InquiryX ond in my opinion  Homicide Undetermined manner D  TLE (SPECIFY)	
	EXAMINER'S NAME (TYPE OR PRINT)  BENET	DICT SKITARFI IC. M.D. ADDRE	MEDICAL EXAMINER SIGNED	
23a.	BURIAL CREMATION REMOVAL 2		MATORY 1236 LOCATION	
	Burial	Apr 24/81 Zion Memorial P	Park Cumberland Allegany	Maryland
	FUNERAL DIRECTOR	ADDRESS 404 Decatur	ST 250. DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNA	JURE
9	ILCOX -Merritt F	uneral Service.Cumberland, M	dd 777764 1301	_/





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		FOR STATE			DEPART	MENT OF H	IEALTH	AND MENTAL	L HYGIEN		0	8	9 3	4
		REGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEA	TH	REG. NO.			
Ì		EASED NAM	FIRST		WIDDLE		1	AST	2	DATE KN	IOWN KIX			0.0
ı	(110	OR PRINT)	Arch	ie	S.		Lo	ugh		OF E	ATED .	Apr.	21, 8	l a
3. SE	>		4. RACE	5. DATE	OF BIRTH YEAR	6. AGE (IN YEA				c. DATE		HTMOM	DAY YEA	R 26 HON
	M	ale	White		.5,1906	74 YR	- Moldin	DAYS HOURS	MIN. P	RONOUNCE DEAD	Apr	.21,	198	
		RTHPLACE (S	TATE OR		EN OF WHAT COU	NTRY?	8 MARRIE	D NEVER MA	RRIED XX	BALTIMOR	E CITY OR	COUNTY	OF DEATH	
	W	. Va.			USA	400	WIDOWI		RCED 🗆	Al	llega	ny		MD
	10. CI	TY OR TOWN	OF DEATH		E OF HOSPITAL, NI		, OR OTHE	R INSTITUTION	EOR M	AL OCCUPAT	TION (TYPE OF	F WORK 12	2b KIND OF I OR INDUS	
		mberl		Sa	cred He	art Ho		al DOA	Ret.	Stat	te Em	pldy	yee	
U 1:	SU/	L RESIDENCE TATE	(IF IN NURSING HOME COUN	OR OTHER INS	TITUTION, GIVE RESIDENCE	Y OR TOWN	ON)	3d. INSIDE CITY LIMITS	2   13e. STRE	ET ADDRESS				
	100.0		a. Mine	ral	Ri	dgeley		YES 🔀 NO	□ 3 F	otoma	ac He	ight	ts	
	14. F/	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MA	IDEN NAME	WIDO	LE		LAST	
	M	illia	m	S.	L	ough		Maude	9			B.	lizza	rd
1	16a. V	AS DECEASE	DEVER IN U.S. AR			CIAL SECURITY	NO.	17. INFORMANT			ADDRESS			
ı	-	es	IWW		23	6-50-0	279	Doris I	Derryk	erry	Rid	gele	ey, W	. Va.
I					se per line far (o), (	b), ond (c).)							APPROXIM.	ATE INTERVAL
1		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE	(a) COR	ONARY	OCCI	USION					SUDD	EN.
		410	0	DI	JE TO, OR AS A CO	NSEQUENCE C	OF .						Similar	
1			ns, if any, which se to immediate		(b) COR	ONARY	SCLE	ROSIS						-
		cause (a	stating the <u>under</u> -		JE TO, OR AS A CO	NSEQUENCE C	OF .							
		lying cau	ose last.		(c)									
1		PART 2 OTNER S	GNIFICANT CONDITIONS	CONTRIBUTION	IG TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN I	N PART I (a).					
	O													
7	CAT	19a. DATE OF	OPERATION	19	b. CONDITION FOI	R WHICH OPER	ATION W	AS PERFORMED?					20. AUTOPS	Y?
(	TIE												YES [	NOX
	MEDICAL CERTIFICATION	21a. EXTERNA	AL CAUSE WAS		b. TIME OF INJURY YOUR A.M. MONT	H DAY YEAR		W INJURY OCCU	RRED (ENTERN	ATURE OF INJURY	IN ITEM 18 PAR	T I OR PART	(2)	
	CAL	CONTRIBUTI	NG CAUSE OF		P.M.	19								
ı	(ED	21d, INJURY O		2	STREET, FACTORY, FARM		21f. LOC	REET		CITY OR TOWN		COUN	NTY	STATE
	5	AT WORK	NOT WHILE [											
		22a, I cert	fy that I took chare	ge of the r	emains described of	pave, held on	Autaps	y , Inspe	ctian XX	Inquiry [	. and i	in my apir	nian	
			ed fram: Natu	-			icide	Hamicide _	7	rmined mann				
			0		0, -			TITLE (SPECIFY	)				1	981
		ACTUAL	Dense	Let	Sketa	relies	M	-	*	CALEXAMIN	IER	DATE	Apr.	21,
)														
1		EXAMINER'S (TYPE OR PRI	NAME BEN	EDIC	T SKITA	RELIC,	M.I	DDRESS RT.	# 9,	CUMB	ERLAN	D, 1	MD 21	502
	23a. B	URIAL, CREMA	TION, REMOVAL	23b. DATE	230	NAME OF CEA	AETERY O	CREMATORY	23d. LO	CATION		COUNT	TY	STATE
		Burial	A	pr.	4.19815	unset	Memo	rial P	Cum	herl	and A	1100	vanv	MD
	24. F	NAME NAME	TOR					25a. DA	ATE REC'D. BY	REGISTRAR	25b. REGIST	RAR'S	t Care	1
	W-	lliam	G. Kic	tht	Cumber	clamd,	MD		PR 2 7	1981	1	/	1	

Fee. Manage Compendance, and APRZ (1981)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) **IRENE** APRIL 22, 1981 LOWERY 7:10A IDELLA 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR Female White March 19.1902 To BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Tennsylvania USA ALLEGANY COUNTY. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR INDUSTRY Cumberland SACRED HEART HOSPITAL Homemaker DSUAL RESIDENCE (IF NURSING HOME OR OTHE 13th STATE Maryland Allega Aflegany La Vale 13d. INSIDE CITY LIMITS? 13. STETADATES tic Avenue YES F 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Edward Lowery Minn'ie Faulkner Lowery 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-74-9161 Paul E. Lowery. La Vale. Maryland No 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c) PART I DEATH WAS CAUSED BY EDATIC FAILURE IMMEDIATE CAUSE (a AS A CONSEQUENCE OF JAUNDICE 2 months Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Sclerosing cholangitis PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES P NO [ 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this hespital) attended the deceased from

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

(SPECIFY) Burial

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

sow the deceased alive on 4/2/ obove. (1) (was did) (did not) view the body after death

PHYSICIAN 3

ATTENDING

DEGREE

My

MEDICAL DIRECTOR PHYSICIAN

and that in (my) jour apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

STASKO, ANDREW M.D.

924 SETON DR., CUMBERLAND, MD. 21502

Redford Co. 1981 Cooks Mills Cty Tryndman, Par RD#1state

24 FUNERAL DIRECTOR

ZEIGLER FUNERAL HOME, HYNDMAN, PA. 15545

April

25.

23b. DATE

NA DATEREC'D. BEREGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

THE SE PLANSAL INST. WARRANT PA. 15545

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS

A THEO WAY COUNTY THE PARTY OF THE P

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) 1981 5 11:00A Mandalene McIntvre Sarah IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 25 1895 86 White Female Page BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED England Allegany County U.S.A WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY Cumberland Allegany County Nursing Home Housewike. own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113b. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Cumberland 618 Niagara St Maryland Alleganu 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE SAST puo MacFarland Elizabeth George 17 INFORMANT Cresaptown. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES I&L SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 14811 Howard St. Mrs. Mary D. Orbin. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION ď IN CERTIFYING CAUSES OF DEATH? NO. YES T NO | Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ar hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Š CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the couses stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after deoth 22c. DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN MPORTANT: 77e ADDRESS 22d. PHYSICIAN 'S NAME TOP CAPERTY the b 23h DAG / 23r NAME OF CEMETERYOR CREMATORY OCATION 230 BURIAL, CREMATION, REMOVAL (SPECIEV) Burial COUNTY Garden Mineral Kalbauah Cemetery D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 Waine George 202 Greene St. Cumberland (VR A 15 (4))

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APR 2 ( 1981

8	1	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND SEALTH AND MENTAL HYO SICATE OF DEATH	GIENE 8	0	8 9 4	2
3 T. S		CEASED NAME FIRST		MIDDLE C.		LAST PUENTATE	20 DATE OF DEATH		20 110	
moy b				C.	_	KENZIE	APRIL 9,		5:45	
4 035 00/00 0	3.58		4. RACE		5. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER LYEAR IF UNDE	R 24 HI
Poge	70.0	RTHPLACE (STATE OR FOREIGN	TI CITIZENI OF	WHAT COUNTRY?		7 29, 1913	67	YRS		
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s offer of		mberland	(IF NOT IN SUI	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET A CRED HEAR	ADDRESS)	PITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Housewife		126 KIND OF BUSININDUSTRY  Own Home	1ESS
in 24 hour should be enfined to	USU. 13a. S <b>Ma</b>	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU  TYLAND ALLE  ALLE	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberla	N	13d INSIDE CITY LIMITS?	Route 6. I	30x 106		
ed with ond 2 and 2	14. F7	Orville Daws	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Cather:	ine Fisher		LAST	
d co		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Pog.	,	No	VE WAR OR DATES!	218 60 1	384	Thomas E. Me	cKenzie. as	above		
ow requires that the been signed by the mit. Then please ren prior to buriol, crem ony injury, or other to	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	(c) CONDITIONS <u>C</u> (		AR DEATH BUT		DISEAS AINAL DISEASE OR CON	DITION GIVE	V IN PART 1(0)	D
he hos	TEG						YES TI NOT	IN CERTIFY	ING CAUSES OF DEA	
rSICIAN, Ting physicia contificate corrificate curiol-transit Aentol Hygin r Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.	DE INJURY m. MONTH DA .m. OF INJURY	Y YEAR	21c. HOW INJURY OCCUR				
ING PHY r ottendil	ME	WHILE NOT WHILE AT WORK	( AT HOME, ST	TREET, FACTORY, OFFICE, FA	ARM ETC)	STREET STREET	CITY OR TO	WN		STATE
R ATTEND hospital o hospital o liRECTOR: A hed for use ept. of Heol frem 21 is m		22a. I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no	April	9 19 2	`	nd that in (my) ( <del>our</del> ) apinion	death occurred on the de	te and hour c		toted
€ 0 0 0 ±		22b. SIGNATURE W.	Him	y, M	y		MEDICAL STAI	FF IAN 🗌	4/9/8\	)
ro Hospital etoined by to TO Funeral should be det with the Store MPORTANT:		WALID S. HIJA				22e ADDRESS 909-A SETON	DRIVE, CUMB	ERLAND	, MARYLAND	2
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE	Ina St	t. Ma	EMETERY OR CREMATORY	23d LOCATION Curber town	ınd, Md	COUNTY	STATE
DHMH-16 30M 2/80		UNERAL DIRECTOR	4/11/	1302 NAT	IONAL	HIGHWAY 250 DAT	E REC'D. BY REGISTRAR	25b. REASTE	R'S SIPHOTOE	4

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1	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 8	3 9	4 3
	DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	NELLIE	ELIZABETH	MCPARTLAND	APRIL 22,	1981		4:20P <sub>N</sub>
3. S	Female	4 RACE White	May 25 191	6 AGE (IN YEARS LAST BIR	THDAY] IF U	NDER I YEAR	IF UNDER 24 HRS
31	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	RY? 8  MARRIED NEVER MARRIE	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
0	Md	U.S.A.	WIDOWED DIVORCE	□   ALLEGANY (	COUNTY,		MD
2	Cumberland	SACRED HEART H	SING HOME OR OTHER INSTITUTIO RET ADDRESSI OSP I TAL	N 120 USUAL OCCUPATI		126 KIND OI INDUSTRY	BUSINESS OR
13 <sub>0</sub>	UAL RESIDENCE (IF NURSING HOME OF STATE Md 12-59L	egany 13 Barto		IS? 13. STREET ADDRESS			
0	John	McCuth	neon [15, MOTHER'S MAID!	nerine MIDDLE	Ti	mney	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ta Gillem B	owling	reen	, Md
event, the		only one cause per line far (o), (b), ED BY: ATE CAUSE (o)	ondic RCOSI3			APPROXU BETWEEN O	MATE INTERVAL NSET AND DEATH
2100000	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSECUTION (b) COPD				104	RS
	cause io, stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF				
NOI NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN I	N PART 110	
SERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO S	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
m Lift	00.000.000.000.000.000.000.000	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
7 1 15 то	sow the deceased alive a		111	70 , to 4 = 2			hot (1) (>e) lost auses stoted
NT. If Bea	226. SIGNATURE	at) view the body after death.	DEGREE ATTENDI PHYSICI	ING MEDICAL STAF		4-2.	IGNED
MPORTA	22d. PHYSICIAN'S NAME (TYPE L. M. WHABL		27e ADDRESS BMG-912	SETON DR., CUM	1BERLAND	, MD.	21502

DHMH - 16 50M 1/B1 (VRA 15, 4)

EICHORN FUNERAL HOME, 8 MAIN ST. LONACONING \$1250 DATE RECT. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

236. PAY 25/81

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

MdSTATE

St. Michaels Cemetery Frostburg ......A.

MELLINE BLICKETH CHARTANE SERVING BILLIES 1.1 or models were by BY .- Britishman was a second. It's a feet of TIME OF BEENLE HOME, REVAIL ST. INDIA CONTROL .....

31			FOR STATE REGISTRAR				DICAL	STA MENT OF EXAMIN	HEALTI		ENTAL H		dia 8	REG. NO	0 8	9	4	4
	ET, SE		CEASED NAMPE OR PRINT)	NE F	HRST	Bett	y Ru	ith M	eark:	Le				NOWN ESTI-	4-1	6 <sub>19</sub>	YEAR 81	3A
	RY, PLEASE OIR FILES. OIR FILES. ON STREET,	Fel	male	White		Sept.23	,1925	6 AGE (IN YE.	ARS IF UT AY) MONT	DER 1 YR.	IF UNDER		RONOUNC DEAD	ED Apr	MONTH	6 <sub>19</sub>	YEAR 81	AA A
	S S S S S S S S S S S S S S S S S S S	7a B	RTHPLACE (PREIGN COUNTRY)	siate or ginia		76. CITIZEN OF WE	HAT COU	NTRY?	8. MARR	IED <b>X</b> NE	VER MARR	IED 📙	9 BALTIMO	1lega		Y OF DE	ATH	MI
	H. IF ANY DELAY IS NECESSARY, FIR. 1, 2, AND 3 TO THE FIRE SOLICE A 3. RETAIN PAGE P. 2 SHOULD BE FILED THE CORDS, 201 THE FECORDS, 201		Tumber]	land		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  211 Knox Street			ISTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 1) FOR MOST OF WORKING LIFE) Housewife			OR IN	26 KIND OF BUSINESS OR INDUSTRY Own Home					
21201	AND 31 AND 31 RETAIN PHOULD FRECORD	13a. S	AL RESIDENCE TATE ryland	136.	HOME OR COUNTY		113c CIT	e BEFORE ADMISSI Y OR TOWN I berlan	,	13d INSIDE (	ITY LIMITS?		ET ADDRES	s Inox S	st.			
ORE, MD.	DEATH. IF			ames 1				LAST		F		earl	L. Wa	shbau	ıgh	LAS	ī	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PRUDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECOL OF PROPERTY.		16a. V (Y	WAS DECEASE ES, NO, OR UNKN	OWN) (IFY		ED FORCES? AR OR DATES)	16b. SO	CÍAL SECURIT	Y NO.	Mr.		rt Mea	arkle,	Cumb	erla			
ON ST., I	HOUR TEM 18. ONG WI ERMIT. I		18 CAUSE O PARTID	B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.  Coronary Occlusion  IMMEDIATE CAUSE (a)								BETWEE	oximate in ouset	AND DEATH				
PRESTO	ITHIN 2 ICIL IN I NER ALL RANSIT F TAL HYG		gave r	ons, if ony, ise to imm	ediate	DUE TO, OR	AS A CO	CO		ry Scl	erosi	ls						
, 201 W	EXECUTED WING" IN PENIOR EXAMINATION OF WATION, OF		lying co	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)  1 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
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ONOF	CERTIFICATE MING THE W DED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO		UNDERLYIN CONTRIBUT	ING CAU		EATH P.M	. MONTH	DAY YEAR			OCCURRE	D (ENTER N	ATURE OF INJUR	RY IN ITEM 18 F	PART I OR PAI	RT 2)		
DIVIS		MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHI  AT WORK	ILE 🗆	. 21e PLACÉ ( STREET, FAC				CATION			CITY OR TOWN	٧	COL	үтис		STATE
	L EXAMINER: THI E CERTIFICATE, W OLID BE FORWA L DIRECTOR: PA H, WITH THE STA MARYLAND, 213		220 I cert			of the remains des	cribed ob		Autop	sy 🔏,	Inspectia		Inquiry [		d in my op	inion		
	ICAL EXAMINER: THE CERTIFICATI SHOULD BE FOR SHALD DIRECTOR: EATH, WITH THE: ORE, MARYLAND,		ACTUAL SIGNATURE	Ben	ad	et Sk	ita	relu	^	Dep	pecify)	MEDI	CAL EXAMI	√ER	DATE	4-]	16-1	981
	TO MEDICAL ED EXECUTE THE CO PAGE 4 SHOUL TO FUNEAL DATER DEATH, N BATTIMORE, W	1	EXAMINER'S (TYPE OR PR	1141)		Benedict				ADDRESS_			nd,Md.					
	BP				VAL 23	H-18-81	23t. S1	unset M	emor	ial Pa	ark	Cum	CATION Brown berlan	nd A	llega	ny l	Md.	TE
	DHMH-17 (VR A15 ME (5))	74 F	UNERAL DIRE	ames F	. S	carpelTf.	Cum	berland	l,Md.		AP	R22	REGISTRAR 1981	25b REGI	STRAR'S S	IGNATUR	E	

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		REGISTRAR		CERTI	FICALE OF DEATH	REG	NO.		
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		OAY YEAR	2b HOUR
1	(TYP)	ESTHEN	R MARIE	- /	MELLOTTE	APRIL	24,	1981	830 A.M
	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEA	
		FEMALE	WHITE	JAN	". 18 1899	82	YR	MONTHS DAYS	S HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CIT			
36		MARYLAND	USA	WIDOW	D NEVER MARRIED DIVORCED	ALLEGAN	Y		M
-	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME	transfer to the second	12a USUAL OCCUP			OF BUSINESS OR
10	CI	MBERLAND	(IF NOT IN SUCH FACILITY, GIVE ST	4.4	1. Harr	(TYPE OF WORK FOR MO	USEW I	FE INDUSTR	Υ
10	USU	AL RESIDENCE (IF NURSING HOME (	CUMBERLAND  OR OTHER INSTITUTION GIVE RESIDENCE BE						
35		RYLAND ALI	LEGANY 13c CITY OR I	RIAND	134 INSIDE CITY LIMITS?	13. STREET ADDRES	NIA A	VE.	
	14. F/	THER'S NAME			15. MOTHER'S MAIDEN NA				
110		GEORGE F	FREDERICK BEC	CK	AÑÑA	WIDDE		PA	ĴĹ
-	16a \	VAS DECEASED EVER IN U.S. A		CURITY NO.	17_INFORMANT	AD	DRESS		
1	(	NO OR UNKNOWN) (IF YES, C	705-05-	-4795D	MRS JAMES WI	EGAND RFD	2 RID	GELEY, V	A.VA.
			only one couse per line for (a), (b)						DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY:	Ond (Ch.)	Take men	sat.		BETWEE	N ONSET AND DEATH
		F 111 A IMMEDIA	ATE CAUSE (o)	19m	110h C /Voceto	1000			
		9140	DUE TO, OR AS A CONSE	QUENCE OF	/				
		Conditions, if ony, which gove rise to immediate	(b)						
		couse (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF					
		underlying couse lost.	(c)						
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BU		MINAL DISEASE OR CO	NOITION	GIVEN IN PART	1(0)
	ON N		general del	201	Old ofe.				
_	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF	YES, WERE FIND	INGS USED
2	CERTIFICATION					YES NO		YES []	NO [
3	CER	210. ACCIDENT WAS UNDERLYING		5.00	21c HOW INJURY OCCUR			18 PART I OR PART 2)	
7		OR CONTRIBUTING CAUSE OF D		DAY YEAR					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211_LOCATION				1000
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC )	STREET	CITY O	RTOWN	COUNTY	STATE
		AT WORK AT WORK		1	1198	- V	100	111	
			pital) attended the deceased fro	0 - 1	, 19	, to	101	19	, that (I) (we) la
		sow the deceased all a cobove, (I) (we) (did)	t) view the body ofter death.	9-1-10	nd that in (my) (our) opinion	death occurred on the	e dote and	hour o'hd from th	ie couses stated
		22b. SIGNATUIT			DEGREE			22c, DAJ	E SIGNED
			a live	1	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [	1/1	8/87
1		22d. PHYSICIAN STYAME OF	OFFERIT)		22e. ADDRESS		)	1 6	100
/		V. Y	AT. Mol		207	CV. X	2	1/2	· Upila
	220	DUBLAL CREATION REMOVA	1 122 DATE 12	2. NAME OF	CEMETERY OR CREMATORY	Trie LOCATION	X		- Juli
		BURIAL, CREMATION, REMOVA BURIAL				City of towe		COUNTY	57.678
		DULLAL	APRII27.1981	HILLC	REST BURTAL P	ARK CHMRES	LAND	ALLEGANY	Z MARVIAI

FUNERAL SERVICE CUMBERLAND MD

APR 2 9 1981

STATE OF MARYLAND

DEFARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 30M 2/80 (VRA 15, 4) 24. FUNERAL DIRECTOR

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STATE OF MARYLAND

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Cumberland, Allegany Maryland

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
1	DECEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
ı	WAYNE	ALVIN	MILLS		APRIL 1,	1981		4:20P M
3	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
	Male	White	Juli	y 17, 1916 AR	64	YRS	MONTHS DAYS	HOURS MIN.
17	a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8	XX NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	100
L	W. Va.	u. S. A.	WIDOWE		ALLEGANY	COUNT	Υ,	MD
	Cumberland,	111. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR SACRED HEART	REET ADDRESS]		120 USUAL OCCUPAT (TXRE OF WORK FOR MOST)			BUSINESS OR tructio
1	USUAL RESIDENCE IF NURSING ME COU 130 STATE Penna. Bed	rother institution give residence bei	NWC	134 INSIDE CITY LIMITS? YES NOW	130 SIKELI WOOMESO	Mailir lints t	ng, tone, Md	. 21530
1	FATHER'S NAME LEE	MIDDLE MALL	. 3	15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
1				Carrie	Mae	F.C.C. 400 A. S.	Ime	
	60 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	CURITY NO.	Mrs. Ermina (	G. Mills, R	t. # 1	rtstone, 1 Box 10	0 2153
		DUE TO, OR AS A SONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERM			5 y	var
	TY. DATE OF OPERATION    21a, ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHI	CH OPERATIO	n was performed	200 AUTOPSY?	IN CERTIF	S, WERE FINDING	
	OR CONTRIBUTING TO CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2}	
	OR CONTRIBUTING CONSCIPED ON CONTRIBUTION OF C	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	sow the deceased alive or	nitol) attended the deceased fram  19 ot) view the body after death.		nd that in (my) (our) opinion o	, to death accurred on the d		19, the rond from the co	(
	27b. SIGNATURE	(azrow)	con	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22 DATE S 2-2-	IGNED
	Victor E. Ma	ZZOCCO, M. D.		27e ADDRESS BMG-912 SETO	N DR., CUME	BERLAN	ID, MD. 2	21502

231. NAME OF CEMETERY OR CREMATORY

Hillcrest Burial Park,

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as with the Stote Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

236. DATE 4/5/81

GEORGE FUNERAL HOME, 202 GREENE ST., CUMBERLAND, MD.

F:203:	MERRIC 1, IGHE			1714	Will District
				34 Aslat 1	
	MILESON, COLDIN				
Construction	er. Company transfer.	1			Pumber/aml.
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		A Company			
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17-2-7				and the second	
107 21502	MARGIE	ase tro-the		o in acodemic	
and profession		202 (November 1987)	21	2/5/11 15.112 Fan 196 261 Holle, 202 662	SAME

1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	IYGIENE 8 1 0	8 9 4 8
	DECEASED NAME FIRST  YPE OR PRINT)	WIDDLE	LAST	The Date of Death	DAY YEAR 2b. HOUR
y be	IVA	BERNADETTE	MINICK	APRIL 15	
3.5	Female	White	5. DATE OF BIRTH  7- 28- 26	6 AGE (IN YEARS LAST BIRTHDAY)  54 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
35 G	arrett Co, Md	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
by the	Cumberland	SACRED HEART	HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
S E S	STATE STATE  BY COUNTY OF THE PROPERTY OF THE	other institution, give residence befor ITY 13c CITY OR TOW erset Salisb	E ADMISSION) //N 13d INSIDE CITY LIMITS UTY YES NOX	? 13e STREET ADDRESS R.D. 1	
mpletely ond 2 sh (xominer	FATHER'S NAME	MIDDLE Bittings	15. MOTHER'S MAIDEN	NAME	Wilt
n ond co	WAS DECEASED EVER IN U.S. AR		PRITY NO. 17 INFORMANT	ADDRESS R. F Minick Salib	D. 1 1555
V. The low requires that the yaston. Cate has been signed by the ansit permit. Then please rem Hygiene prior to burial, crem 8 shows ony injury, or other to the THELOATION	gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C	un um.		IN CERTIF	VEN IN PART THO  5, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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ottending plotter this certification by the buriol-th and Mental briked or Item	21d INJURY OCCURRED  WHILE OCT WHILE OF AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital or DIOR: A for use of Healt	22a I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not	(a) attended the eleceosed from		on deoth accurred an the date and hav	. that (I) (we) lost or and from the causes stated
AL OR AL the hosp AL DIREC detached to Dept.	22b. SIGNATURE	nimis	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	20 ME & GNED /81
TO HOSPITAL of retoined by the TO FUNERAL DISSAUGH de detatul with the Store DIMPORTANT: #	DR. JOHN MEHA	ANNA, M.D.	22e ADDRESS 909	-B SETON DRIVE	
Q = Q = 3 X 230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	IBERLAND MD 2150'	
BP	(SPECIFY) Burial			ery Salisbury S	county STATE Pa.
DHMH - 16 50M 1/81	FUNERAL DIRECTOR		ANT STREET 250.	DATE REC'D. BY REGISTRAR 256. REGIST	PAP'S SIGNATURE

Maria Cara Cara Maria 310 124 AVI MILEONY COLTY, CVA. The months: Injustice 13 34h 13 04h EWINE HOTES NAMED A. AUSTY PERFECT, N.D. TOTAL DIAMETER OF THE PARTY OF The Second control of the Market Laws native for the law to the second SALISMEY, PA 15397 AU . . . . . . . . . .

4-10-1981

LEASURE-STEIN FUNERAL HOME.INC.CUMBERLAND.MD.

SS.PETER&PAUL CEM

230 BALTIMORE AVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

0300A

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

STATE

IF UNDER I YEAR

INDUSTRY

HIPP

YES

CITY OR TOWN

CUMBERLAND

250. DATE REC'D. BY REGISTRAR 25b. REGI

COUNTY

COUNTY

ALLEGAMY

22c DATE SIGNED

CITY

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

BURTAL

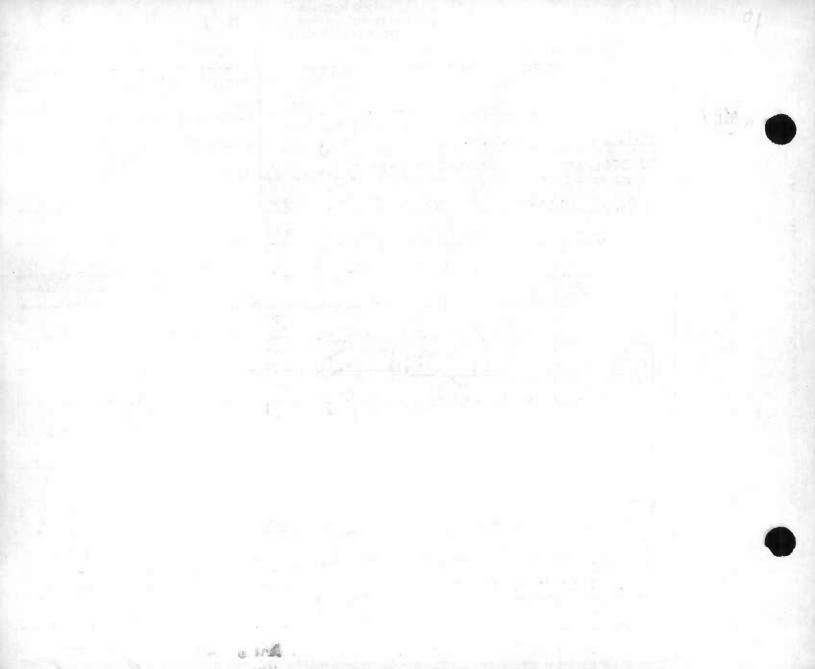
24 FUNERAL DIRECTOR

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5 TO STATE OF THE PARTY OF THE

3	1-	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE   0 8 9 5 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
A 25.25.65		CEASED NAM PE OR PRINT)	E FIRST Del	Lla Cat	Catherine Moreland				OF	KNOWN X ESTI- MATED	4-12	-81 -81	2b. HOU ба
RRY, PLEADIRECTOOUR FILE	3. SE <b>F</b> e	x emale	White	5. DATE OF BIRTH	1912	GE (IN YEARS IF ST BIRTHDAY) MC	UNDER 1 YR.	IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	ICED 4_	12-81	DAY YEA	8 2d. HOU 6a
ELAWIS NECESSARY PURCHALLE FUNERAL DIRECT PARES & FOR YOUR PRESENT 72 HOUR PURCHALLED WITHIN 74	S WE	IRTHPLACE (Spreign country)	ginia	USA WIDOWED				PEVER MARRIED DIVORCED Allegany					
PELANIS NI TO LIE FU PRGE 5 SS, 201 W.		or town  Cumber	land	Memoria	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Memorial Hospital——DOA			TION	FOR MOST OF WOR Housew	PATION (TYPE	OF WORK 12h	or indus Home	SUSINESS
D. 21201 2. AND TELA 2. AND 3 TELA 2. SHOULD BE SHOULD BE ALL RECORDS, 2	130. 5	TATE	(IF IN NURSING HOME OF IM COUN rginia, I	ITY	N, GIVE RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN  Keyser		13d INSIDE C	d INSIDE CITY LIMITS?   13e ST		REET ADDRESS R#2			
, BALTIMORE, MD. RS AFTER DEATH. IF I, GIVE PAGES 1, 2, WITH FORM PM 3. PAGES I AND 2.8 DINISION OF WIZE	29/	ATHER'S NAM: FIRST Rober	t	MIDDLE	Lewis		[	er's maide first Molly	N NAME	IDDLE	Stew	art	
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WITAL RECORDS, 201 W. PRESTON ST. SHOULD BE EXECUTED WITHIN 24 HOU ORD."PENDING". IN PENCIL IN ITEM 18 E USED AS A BURIAL - TRANSIT PERMIT T OF HAALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.		Candition gave ricause (a lying car	IMMEDIA'  ins, il any, which ise to immediate ) stating the under- use last.	TE CAUSE (a)	XXXXX AS A CONSEQU AS A CONSEQU	MA CO JENCE OF CORONA JENCE OF		LEROS			s	APPROXIMA BETWEEN ON UDDEN	
	MEDICAL CERTIFICATION		OPERATION  AL CAUSE WAS	19b CONDI	TION FOR WHIC				D (ENTER NATURE OF IN.	HIRV IN ITEM 18 B		YES	
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TO MEDICAL EXAMINER; THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	2	270. I certily that I took charge all the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from: Natural causes Ascident, Suicide, Hamicide Undetermined manner  ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER DATE SIGNED 4-12-81  EXAMINER'S NAME Benedict Skitarelic, M.D. ADDRESS R#9, Cumberland, Maryland 21502											
D A A A A A A A A A A A A A A A A A A A	(	URIAL, CREMA SPECIFYI Buri	TION, REMOVAL 2		23c. NAME	of Cemetery 1s Ceme	OR CREMATO		23d LOCATION CITY OR TOWN Levels		shire		STATE
DHMH - 17 (VR A15 ME (5))	24 F	uneral directors than the chaeffe	Keith	ney, West		a		APR	REC'D BY REGISTRA 15 1981	R 25b	STRAR'S SIGN	IATURE	1

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35	13a S	RESIDENCE TATE [arvla	13b.	COUNT			13c. CITY OF		·	13d. INSIDE CI	TY LIMITS?	13e STR	EET ADDRE	ss Col	leg	e Ar	venue	9
		ATHER'S NAME		di ik pla ala		J			0	15. MOTHE							-	
10		Robe	rt.		MIDDLE		Muir			L	ouis	e	M	IDDLE	,	Pnil	pot	
7	16a. \	WAS DECEASE	DEVERIN	U.S. ARM	ED FORCES	5?		L SECURITY I	NO.	17_INFORA				ADDRESS	ŝ			
1		Yes	JWN) (IF	W.			214-	12-35	93	Mr.	Jer	ry	Muir,	Fro	stb			
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AL.		1= 01			CAUSE (a)				eri	orat	ed r	'ept	ic Ul	cer			Aoui	rs
N N		Condition	ns, if any,	which	DUE	TO, OR A	AS A CONSE									-	77	
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RIAL	FIC.																YES X	
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OR TO	ALC	UNDERLYING		JSE OF DI		JR A.M. P.M.	MONTH D	AY YEAR										
PRIC	MEDICAL	21d. INJURY			21e F	LACEO		AT HOME.		CATION								
	W	AT WORK	NOT WH	K	STR	EET, FACTO	ORY, FARM, ETC.)		5	TREET			CITY OR TO	WN		COUNTY		STATE
AE ST AD, 2		22a I cert	fy that I too	ok chorge	af the rema	ins desc	ribed abave,	held on	Autaps	у 🕱.	Inspectio	n <b>X</b>	Inquiry	or	nd in my	apınıan		
YE		deoth result	ed from:	Notura	l couses	X	Assident	], Suici	de 🗌	, Hamic	ide .	Undet	ermined mo	anner .				
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RE,	1	SIGNATURE	Den	eed	ex	HEL	larie	uc)	M	D. De	puty	MED	ICAL EXAM	INER	SIG	NED_	<sub>1</sub> -23-	-81
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	EXAMINER'S (TYPE OR PRI	NAME NT)	Ber	nedic	LS	kitar	elic		ADDRESS_	RD	4,	Cumbe	erlan	d,	Md.	215	02
PA	23a.B	URIAL, CREMA	TIÓN, REM	_				ME OF CEME	TERY O	RCREMATO	ORY	23d. LC	ORTOWN		0	OUNTY	ST	ATE
		Bu	rial	A	pr.2'	710	l Fro	stbur	g M		Park	Fr	rostb	urg,	Al	lega	iny,	Md.
- 17	24 F	UNERAL DIREC		-		ADDRESS	26.2	27			250. DATE	CECE B	REGISTRA	R 25b REG	ISTRAR'S	SSIGNAT	TURE	
E (5))		Durs	t,	Fro	stbur	60	Md.	<1>32			- M	47)	ט זענ	1 1		1	-Chon	7

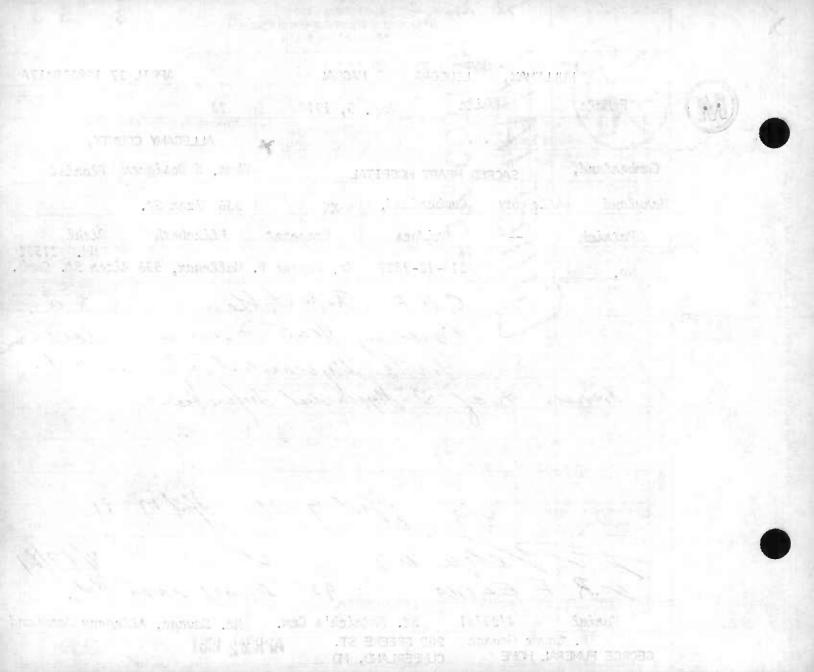
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California Company (1994) Estate and a later of the later

CUMBERLAND, MD

STATE OF MARYLAND

Item 7a.7b and 8 G 555 5/5/81 GB



	1-	FOR STATE REGISTRAR		DEPART	MENT OF F	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 8	8 9	5 4
2 (1)		CEASED NAME FIRST C	ORA	V. MUF	RPHY	AST	APRIL 1:	MONTH DATE		26. HOUR 1045 P
0 E	3. SE		4 RACE		5. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 H
Poge direction		emale	White	OF WHAT COUNTRY?	May		9 BALTIMORE CITY (	YRS.	FDEATH	
deoth.	We	est Virginia	U.S	.A.	WIDOWI		Allegany			
by the filed with	CU	MBERLAND, M	D (IF NOT IN	MEMORIAL	ADDRESS) HOSF	OR OTHER INSTITUTION	Housewite	ION OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS
24 hou ould be must be	13a S	AL RESIDENCE (IF NURSING HOW STATE Tyland All	egany	TION, GIVE RESIDENCE BEFOR 134. CITY OR TOW Cumber Ta	nd	13d Inside City Limits?	Rt. 5, BOX	336 Wi	inches	ter Rd
ompletely and 2 sh	14. FA	Charles Loon		er		Effie Pearl	Hinkle		LAS	1
rithicate be execution and connection on the connection of connection of the medical event, the medical	160 V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCE GIVE WAR OR DATE:			William W. M	urphy, Cumb			MAYE INTERVAL ONSET AND DEA
equires that the death ce in signed by the ortending Then please remove carb to burial, cremation, ar a injury, ar other traumatic	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAT	(c)	O, OR AS A CONSEOU	VI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	3
bee mit prior	CERTIFICATION	190 DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	WERE FINDIN	OF DEATH?
PHYSICIAN; The kending physicion. this certificate hos te burial-transit per ad Mentol Hygiene d ar item 18 shows		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (1F EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR	AE OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	T I OR PART 2)	
DING PHYS or attendin After this c is as the bur olth and Me morked ar b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY E STREET, FACTORY, OFFICE, I	ARM ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
pritol TTEN TOR: for us of He		22a I certify that (I) (this his sow the deceased always obove, (I) (we) (did) (did) 22b. SIGNATURE	on 41	1/ 19.0		, 19 ) and that in (my) (our) opinion of DEGREE ATTENDING	to 4 111 depth occurred on the o			
OSPITA ed by UNERA d be de the Stot		DR. THADDE		ELDER		PHYSICIAN Z	DIRECTOR   PHYSI	SPITAL	MEDI 21502	
shoul with IMPO	23a. E	BURIAL, CREMATION, REMOV			NAME OF (	EMETERY OR CREMATORY	23d LOCATION			
BP	_ 1	rial	April	1 15, 1981	Davis	Mem. Cem.	Cumberland		gany,	Md.
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME  ilip B. Wendt	1-21 Momo	ADDRESS	Cumb	- ADI	E REC'D. BY REGISTRAF			

MENT OF STATE OF THE STATE OF T

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) MARGARET SUSAN NELSON DEATH MATED 4-30 81 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS PRONOUNCED 81 3p April 30 DEAD White June 26, 1931
The CITIZEN OF WHAT COUNTRY? Female LIQ YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED XNEVER MARRIED FOREIGN COUNTRY! USA Allegany Pa. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Nurse's Assistant Cumberland W. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGE 1, PAGES 1 AND 2 SHOULD BE FIDINISION OF WITH RECORDS, 3. Memorial Hospital -DOA Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Allegany Cumberland YES T NO 🗌 1217 Virginia Ave. 14. FATHER'S NAME PAGES 1, 2, 2, 50RM PM 3, 55 1 AND 2 5 John Franklin Diehl Lula A. Michaels 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Daughter Mrs. Barbara Perkins, Cumberland, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, IT, CREMATION, OR REMOVAL. SHOCK. HEMORRHAGE Minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which GUNSHOT OF CHEST AND ABDOMEN gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES TE NO [ SHOULD BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 3:10 M 4-30 1981 UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH Shot With 22 Caliber Rifle 21e PLACE OF INJURY 211 LOCATION Memorial Hospital, Memorial Ave. Allegany, Md. Parking Lot WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI PRECTOR: PAGE AFTER DEALTH WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22a I certify that I took charge of the remains described above, held an Hamicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) Deputy DATE 4-30-1981 EXAMINER'S NAME Dr. Benedict Skitarelic MD Route 9. Cumberland . Md . TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Mt. Savage, Md. Allegany May 4.1981 St. Patricks Cemetery Burial 230. DATE REC'D. BY REGISTRAR, 236. RECYSTRAP'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** James F. Scarpelli, Cumberland, Md. (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. NO.	, , , ,
	. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH DA	Y YEAR 2b HOUR
1	(TYPE OR PRINT)  CHARLES	WILLIAM	1	NORRIS	APRIL 5,	1981 7:15A M
3		RACE	5. DATE O			UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	July	30, DA 1934 YEAR	46 YRS	NIHS DAYS HOURS MIN
9		CITIZEN OF WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
	Maryland	U. S. A.	WIDOWE		ALLEGANY COUN	ITY, MD
11	CITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
1	Cumberland,	SACRED HEART	HOSP:	ITAL	Factory Employee	Glass Ind.
	30 STATE . WILL CHINTY	HER INSTITUTION GIVE RESIDENCE BEFORE	N.	13d. INSIDE CITY LIWIS?	13e STREET ADDRESS	2 1 2 1
1	-5	ny Cumberl	and,	YES NO	19. SIREET ADDRESS Zennia Ave.	Potomac Park
ľ	4 FATHER'S NAME	DLELAST		15. MOTHER'S MAIDEN NA	ME MIPDLE	1057
	Lester "	Norri	5	Lotes	A.	Westers
10	MAS DECEASED EVER IN U.S. ARME	10.00.01.00.01		17 INFORMANT	ADDRESS Poton	nac Park.
L	Yes, NO OR UNKNOWN) (Korea		7621	Mrs. Irene No	orris, 11608 Zenni	a Ave. Cumb. M
Γ	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		d (c)	4	Q AA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	IMMEDIATE C	\ \frac{1}{2}	مىب	Ower -	Dronduly	Y Oles
ı	0343	DUE TO, OR AS A CONSEQUE	ENCE OF	0.	0 0	0
L	Conditions, if ony, which	( b) Cli	One	e Drain	- Sundian	10 wm
L	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		000	
h	underlying couse lost.	Hero		Virus En	caphalelis	1.0
Г	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO.	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART Ico
	NO N					
	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NOXX IN CERTIFYII	NG CAUSES OF DEATH?
		216 TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR			
	OR CONTRIBUTING CAUSE OF DEATH  LIFETHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION		
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE

in thy) (our) opinion death accurred on the date and hour and from the causes stated 4/8/81

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

BRADDOCK MEDICAL GROUP

220 I certify that (I) (this hospital) attended the deceased from

23b. DATE

912 SETON DRIVE

21502 CUMBERLAND, MD 23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial 4/7/81 24 FUNERAL DIRECTOH. Wayne George

202 GREENE ST. CUMBERLAND, MD 21502

DEGREE

Hillcrest Burial Park Cumberland, Allegany Maryland RESISTRAR 25 REGISTRAR SOCIETA

22b. SIGNATURE

GEORGE FUNERAL HOME

sow the deceased alive on obove, (I) iwai (did) idid no

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Item 21

APRIL 1, 1 33 7:150. transport of the second ATTERNATION OF THE Succession of the contract of the stand of Milesony Continuing to the House terminate Common with The state of the s Total Committee BARROON METOL GROLP COMMITTEE COMMIT Manufactured transported from Service Control of Contro Secret secret VELICE FLANSIAL INTER CONSESSAND, TO 21502

	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGIE	NE 8 I	0	8 9	5 /
		CEASED NAME E OR PRINT)	CE (PULLIAM)	PERRY	LA	AST .		2a. DATE OF DEATH 4-14-81	MONTH	DAY YEAR	26 HOUR 12:50PA
×	3. SE	x Female	4 RACE		5. DATE O		YEAR	AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24 HRS
16	-	RTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8_ MARRIED	□ NEVER MA	ARRIED 7	BALTIMORE CITY		ITY OF DEATH	
Sold Free	10 C	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET LED HEART	ADDRESS)	R OTHER INSTIT	ORCED []	ALLEGANY  12a USUAL OCCUPA  (TYPE OF WORK FOR MOST  Owner -0	OF WORKING	12b. KIND C INDUSTRY	MD.  OF BUSINESS OR  Sing Hom
Twost be	13a.	Md.	G HOME OR OTHER INSTITUTION 36 COUNTY 1 Legany	GIVE RESIDENCE BEFORE 13c CITY OR TOW LaVale	E ADMISSION)	13d. INSIDE CIT	Y LIMITS?	3e STREET ADDRESS 935 Tara			
)/(Smin		ATHER'S NAME FIRST Howard	MIDDLÉ S.	Pullian		Doi	rst rcas	Ellen		Kooken	51
e medico	160	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	233 50		Karol /		935 Tara			Md.
jury, or other traumatic e	7	Conditions, if any, a gove rise to imme couse 101, stating underlying couse	which (b)_	OR AS A CONSEQUI	ENCE OF	OOLO O	o the termin	tears to	NOITION (		irs.
8 shows any in	CERTIFICATION	19a DATE OF OPERATION	DN 196 CONE	ITION FOR WHICH	OPERATION	WAS PERFORM	MED W	200 AUTOPSY?	IN CER	YES, WERE FINDIF TIFYING CAUSES YES []	
Item	MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH HOUR A	.M.	AY YEAR			D (ENTER NATURE OF IN)			
narkedar	MED	21d. INJURY OCCURRE  WHILE AT WORK  AT WORK	(AT HOME, S	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION	1	CITY OR T	OWN OWN	COUNTY	STATE
NT: If Hem 21 is n		sow the deceosed above, (I) (we) (did 22b. SIGN	(did not view the bad	8 01 12 10	4	DEGREE ATT		oth accurred on the of			
IMPORTANT	07	WAYN	E SRIGGLE M			912 SI		IVE, CUMB	ERLAN	ND, MD 21	1502
		BURIAL, CREMATION, RE SPECIFY)  Burial	16 Apr	81 Qu		Point	and	Keyser,	de 11	ineral	W. Va.
I/BI	29 1	JNERAL DIRECTOR ROTRUC	Allen Ro K FUNERAL H	HOME 85 S.	MAIN	ST.	25a D	FCO BY RED STA	256 REG	ISTRAPS SIGNAT	URE

Facate glabite duty 15, 1901

PO. A.S.A. XX ALLEGED ENGINE

Cusherland Sugar Heart Hoteling Former -spander Wester Horse

Md. Aliegany LaVele x call Tora ay Howard S. Juditique Corosa Mich Monken

233 50 3536 Parel Rober 235 Tura ey, LaVele, Md.

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Burial It on at James a new May or, Aironal ".Vp.

Durst Funeral Home, Frostburg, Md. 21532

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARTLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	8 9	5 7
Δ.		OR PRINT)	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
deod	3. SE:	MARY	LL1	ZABETH	RIC Is date of		APRIL 12,		F UNDER I YEAR	2:01P M
offe.	J. SE.				MONT	H DAY YEAR		M	ONTHS DAYS	HOURS MIN.
ed within 72 hours		Female RTHPLACE (STATE OR FOR	Whi EIGN 76 CITIZEN O	F WHAT COUNTRY?	Feb 8		9. BALTIMORE CITY O	OR COUNTY	OF DEATH	
3		laryland		USA	WIDOW	D NEVER MARRIED DIVORCED	ALLEGANY (	COUNTY,		MD.
Softied S		ty or town of death cumberland	SACRE	D HEART HO	SPITA	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ( Retired		12b. KIND C INDUSTRY Text	ile
thurst be	13a. S Ma	aryland	HOME OR OTHER INSTITUTION COUNTY  Allegany	13c. CITY OR TOW  Cumber1	N	YES DO NO		e Driv	е	
exermine	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	т
	16a. V	W 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	u.s. ARMED FORCES		RITY NO.	Del 17. INFORMANT	ia Flaherty	ESS		
e medico			IF YES, GIVE WAR OR DATES)			Mrs. Jo Ann	Schoenadel,	La Va		
event, the		18 CAUSE OF DEATH ( PART I, DEATH WAS	Enter only one couse p CAUSED BY: MEDIATE CAUSE (o)_	er line for (a), (b), and	d (c).)	estive Hear	A failu	N	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
of, cremation, ar			thich (b).	OR AS A CONSEQUE	there	osoloratio he	as Dia	earl		
injury, or	NO	PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITIONGIVE	N IN PART 10	01
ows ony	CERTIFICATION	19a. DATE OF OPERATIO	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	OF DEATH?
ental Hygiene Item 18 shows		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)	
morked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
of Health		22a.1 certify that (I) (the saw the deceased	nis hospital) attended alive an	41	0-18	nd that in (my) (our) apinion o	to A death occurred on the	ate and hour	ond from the	that (1) (we) last couses stated
NT: If Item	3	22b. SIGNATURE	Jan 1	ala	M	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	22c DATE	SIGNED
should be deto with the State E IMPORTANT: If		774 PHYSICIAN S NAM	E ITHE OR PRINTED	0		BMG-912 SETC			, MD.	21502
±s 3 ₹	23a. E	BURIAL, CREMATION, RE				est Burial Da	23d LOCATION CITY OR TOWN CH Cumberl	and. A	county 11egan	v.Md.
OM 2/80 5, 4)		SCARPELLI F	UNERAL HOM	CUMBE	RLAN	). MD. (3) (1)	CRM OF CHESISTRAN	25b. REGISTR	AR'S SIGNAT	URE

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8	Inf 1-	o. added l FOR STATE REGISTRAR	ilm (	אל לללב		ARTMENT OF	E OF MARYLA HEALTH AND M FICATE OF DI	NENTAL HYG		<b>0</b>	8 9	6 0
n ∈		EASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DEA		DAY YEAR	26 HOUR
deog deog			ELL	IOTT	Т.		DENOUR	,SR.		22, 19		2:47Am
E C.	3. SEX			4. RACE		5. DATE	DF BIRTH	YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
and of the same of	2 0/	Male THPLACE (STATE OR)		Whit		3	31	1912	69	YRS		
99	. We	est Virgin	ia	76 CITIZEN OF		MARRI		ORCED	9 BALTIMORE C	1 The	TY OF DEATH	MD.
5 (M) 50	С	Y OR TOWN OF DEA UMBERLAN	D	WHE MO	RAFILAYLGIVE	HUSPIT	OR OTHER INSTI AL	TUTION	12a USUAL OCCU (TYPE OF WORK FOR A Maintenar	AOST OF WORKING	LIFE) INDUSTRY	of Business or er (Ret.)
AND 21	13a. S	RESIDENCE (IF NURS	N3b. COUN	OTHER INSTITUTION ITY	13c. COY OR	BEFORE ADMISSION	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDR	ess z St. A	pt. 2	
MARYL and 2 with	14 FA	THER'S NAME FIRST Adam		MIDDLE R:	idenou		is Mother's	IRST	Nancy		McGinnis	ST
mention	- CA	AS DECEASED EVER S. NO OR UNKNOWN) OS		MED FORCES?	166 SOCIAL 214-07	SECURITY NO. 7-0683	17. INFORMAN		hter) A	DDRESSGre	enbelt,	Md. 2077
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cent otherading physician. Ther this certificate has been signed by the attending so she burial-transit permit. Then please remove contain the and Mental Hygiene prior to burial, cremation, or re- orked or them 18 shows any injury, or other traumatic.	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), storin underlying couse PART 2. OTHER SIGN 9a DATE OF OPERA	nediote g the lost	RIA	4	SEQUENCE OF DE TO DE ATH BUY	RYAI	RTER TO THE TERMIN	AL DISEASE OR	CONDITION C	ye.	NGS USED
CIAN: The physicion with Clans and a physicion of the phy		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII	AUSE OF DE A	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	YES NO		YES DE PART 1 OR PART 2)	но 🗌
IVISION  UG PHYS  offending  ter this ce s the buri n and Mer	MEDICAL	21d. INJURY OCCURE	ED	21e. PLACE	OF INJURY	FFICE FARM, ETC.)	21f. LOCATION STREET	N	CITY	OR TOWN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN interined by the hospital or 10 FUNERAL DIRECTOR, Affi should be detached for use or in the State Dept of Health watORTANT; if them 21 is more		22a. I certify that (I) saw the because obove 10 per (c) PESIGNASSE  22a. PHYSICIAN S.N. D.R.	(this hospind all all all all all all all all all al	Thew the body	offer death	2,	DEGREE AT Ph 222e ADDRESS	TENDING HYSICIAN MEMO	DRIAL HO	STAFF HYSICIAN () SPITA MARY	22c DAJE 4/8 L, MED. E	SIGNED /
8P	- 15	Removal	NEW YAL	4/23/	81		man Gift		23d LOCATION CITY OR TOV	VN	COUNTY	ia WV
DHMH-16 30M 2/80 (VRA 15, 4)	24 10	NERAL DIRECTOR  TO EMCCA	ffer		ADDR		ikur Gill		REC'D. BY REGIST		onongal:	



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A STATE OF THE STA

-1	1-	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL	24	0	8 9 6	-
		REGISTRAR	ME		ER'S CERTIFICATE		REG. NO.		
WITHIN 72 HOURS PRESTON STREET,		CEASED NAME FIRST		MIDOLE	LAST	2e. DATE OF	KNOWN 7 MO	NTH 22" 1981	Ph. HOHR
		JOSEPH		D.	RILEY		MATED [	19	AM
	3. SEX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHO)	ARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	10M	1981 22° 1981	34 HOUR
	1	MALE WHITE	11 13	1927 53 YE	. MOTHER DATE HOURS	MIN PRONOUN	NCED 4	22 1981	. 5;00
,		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		8. MARRIED   NEVER MAI	9. BALTIN	ORE CITY OR CO		25 711
VARIETY IN		RYLAND	U	SA	WIDOWED TO DIVO		LLEGANY		
		TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME	, OR OTHER INSTITUTION	12e. USUAL OCCU	PATION (TYPE OF WO	ORK 126 KIND OF B	USINESS
	1	CUMBERLAND	1	ACILITY, GIVE STREET ADDRESS)	mm)	FOR MOST OF WOR	KING LIFE)	OR INDUS	TRY
	USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	ANKLIN STRE	ON)	BRAKEMAN		RR	
	13a. S	TATE 13b. COU	NTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS				
		RYLAND ALI	LEGANY	CUMBERLAND	YES NO		KLIN ST.	CUMB MD.	
	19. 54	FIRST	MIDDLE	LAST	15. MOTHER'S MA	N	HODLE	LAST	
		HOWARD	D.	RILEY	ELLEN	LOU	ISE	STITCHER	
	160. V	VAS DECEASED EVER IN U.S. AI ES, NO. OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166. SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS		
			AVY	215-20-52	87 VICKIE R	ILEY HAGENE	UCH EVER		
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one cause per line	e far (o), (b), and (c).)				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
			ED BY: ATE CAUSE (o)	CAR	CINOMATOSIS GI	ENERALTZED		MONT	
		1629	DUE TO, OR	AS A CONSEQUENCE O					
	150	Conditions, if ony, which		CA	NCER OF LUNGS			1	YEAR
		couse (o) stating the under	, ,	AS A CONSEQUENCE C		· · · · · · · · · · · · · · · · · · ·			TURK
		lying cause lost.	(c)						
		PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMS	NAL DISEASE OR CONDITION GIVEN IN	PART L (n)			
	Z			The state of the s		ren( #18/)			
	CERTIFICATION	19s. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY	12
	FIG								1000
,	FR	218. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY	21c. HOW INJURY OCCUR	DED TENTER NATURE OF IN	ILIDY IN ITEM 18 BADT 1	YES L	NO X
Ì		UNDERLYING OR	HOUR A.A	A. MONTH DAY YEAR	THE RESIDENCE OF THE PARTY OF T	NEW TOTAL PATORS OF IN.	ON IN HEM IS PART 1 C	m rARI 2)	
]	MEDICAL	CONTRIBUTING CAUSE OF		OF INJURY (ATHOME.	21f. LOCATION				
1	ME	WHILE NOT WHILE		TORY, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
1		AT WORK AT WORK							
		22a. 1 certify that I taok char	ge of the remains de	scribed obave, held on	Autopsy , Inspect	nan X, Inquiry	K, and in m	y opinian	
		death resulted from: Note	urol causes 🔼 ,	Accident , Sui	cide . Homicide	/ Undetermined mo			
	-	D	0	1	TITLE (SPECIFY)				
		ACTUAL SIGNATURE SOME OF	dects	etarelee	M.D. DEPU	TY MEDICAL EXAM	DA	ATE )	22-1981
>					m.u.	MEDICALEXAN	IIINEK SK	GNED4-	
-	appeals .	EXAMINER'S NAME (TYPE OR PRINT) BEN	EDICT SKT	TARELIC .M.D	ADDRESSRT	# 9 CUMBER	LAND MD.	21502	
	23a, BU	JRIAL, CREMATION, REMOVAL			AETERY OR CREMATORY				
	(5	BURIAL	4-25-198		CEMETERY	23d LOCATION CITY OR TOWN LaVALE			TATE
	24. FL	INERAL DIRECTOR				E REC'D. BY REGISTRA	R 125b. REGISTRAN	Y MARYLA SSIGNATURE	IAN
	11/1	SURE-STEIN FUN	TERAT HOME		TATALON I			- Committee of	
	100	POOTESTE TO TO	HUNT LOUIT	LING OUPLER.	שוי שוי עודיים או	11 2 1 100.			

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		1-	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 8	3 9	6 2
			CEASED NAME FIRST		WIDDLE		AST		MONTH DAY		26 HOUR
4 88	43		LUTHER	W1	ILLIAM		CHIE	APR I L			3:37 A
(m.m)		3. SE		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
FIRM			Male	Whit			. 8, DAY 1926 AR	54	YRS.		
meral principal	35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	US		MARRIE			ANY CO	UNTY,	м
by the to	52		TY OR TOWN OF DEATH	(IF NOT IN SU	ACRED HE	ART H	OR OTHER INSTITUTION	OTTO THE PROPERTY OF A STATE OF WORK FOR MOST OF LABORET		INDUSTRY	F BUSINESS OF
filled in nould be	35	13a. S		inty legany	13c. CITY OR TO Cumber	WN	13d INSIDE CITY LIMITS? YES NO 🛣	Route 4,	Box	296	
completely for a long 2 sho	010	14. FA	THER'S NAME FIRST Frank Ri	MIDDLE tchie	LAST		15. MOTHER'S MAIDEN NAME FIRST Ada B.	Dove		LAS	ī
rificate be execut physician and ca anopers. Pages 1 emoval.			VAS DECEASED EVER IN U.S. A (IF YES, G NO	RMED FORCES?	213-24		Mrs. Betty C	arder & Mrs		Spaid	hters
equires that the death ce n signed by the attendin Then please remove corb to burial, cremation		NC	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	21
on. hos been t permit.	17	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
HYSICIAN: The Industrian physicion. Its certificate has buriol-transit pe Mental Hygiene or them 18 shows	9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
		ME	WHILE NOT WHILE		TREET, FACTORY OFFICE	E, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
TENDING Project or other theory of the order of the off health and of the order of			22a. I certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did in	n 419	19	W 1 - 1	nd that in (my) (our) opinion	ta death accurred an the do	19 ate and hour o	0	that (I) (we) lo
HOSPITAL OR ATTIMED by the hospital of FUNERAL DIRECTOR and be detached for the State Dept. of the State Dep			22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	Jadily	· ·		DEGREE  ATTENDING PHYSICIAN D  220. ADDRESS	MEDICAL STAI	ian 🗌	220. DATE 4/1	SIGNED
TO HOSPITAL of the retained by the TO FUNERAL I should be detained with the State I MADORTANT. IF		0.7	CALVIN Y. HAD	IDIAN, I		. NIAME 05	MEMORIAL MED		CUMBE		
BP		L	Burial, cremation, remova (SPECIEV) Burial	23b. DATE 4-13-	1981	Mt. Ta	bor Cemetery	Old town	Alleg	any M	STATE
DHMH-16 30M 2/80 (VRA 15, 4)			UNERAL DIRECTOR				AVENUE APR	15 1981 GISTRA	my y	MACHIN	714
(400 19, 4)		50	ARPELLI FUNERA	L HOME	CUMBERI	LAND, M	21502			-	Car Sing

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1-		OR PRINTS	FIRSI	MIDDLE		L	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
8.7	11112	ON FRIINIT	HARRY	FREDIO	CK	RI	ZER	APR	IL 23,	1981	8:30	AM
1	3. SE)	(		4. RACE		5 DATE O		6 AGE (IN YEARS LAST	HRTHDAY)	IF UNDER 1 YEAR		
	M	ale		White		MONTH Oct	. 8 1912	68		MONTHS DAYS	HOURS	MIN.
		RTHPLACE (STAT	S OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8		9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
16	-	OUNTRY)_	CONTONEIGIA		, соотти.		XX NEVER MARRIED		_			
4		aryland	DE LEU	USA	IT ALL AUDOLA	WIDOWE		ALLEGA			OF BUILDING	MD
1	18. CT	TY OR TOWN OF	DEATH	(IF NOT IN SUCH FACE	LITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINES	SSOR
4		Cumberla			D HEAR	T HOS	PITAL	Driver-Sal	esman	Bak	ing C	0.
1	13a S	L RESIDENCE (#	NURSING HOME O		ESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
b		MD			mberla		YES T NO	632 Fayet		root		
		THER'S NAME	1 23 1 1 2				15. MOTHER'S MAIDEN NA	AME	1,12 1,1,1,	EEL		
21		FIRST	n n:	WIDDIE	LAST		FIRST	MIDDLE		i.	AST	
Щ		Clarence			SOCIAL SECUI	DIA VIIO	Mary Ann	Kowe	RESS			
11		ES, NO OR UNKNOWN		VE WAR OR DATES)			II. INFORMANT	700	NE33			
		Yes	WW :	I 2:	14-05-4	106	Madelyn Wal	lace Rizer				
		18. CAUSE OF D	EATH (Enter a	nly one cause per line	or (a), (b), and	Licili.			- 1	APPRO BETWEEN	NONSEL AND	VAL DEATH
384		PART I. DEAT	H WAS CAUSI	I/ VI	proc	me de	selmone	_ embo	lus	1/2	Re	
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		PART 2 OTHER	SIGNIFICANT	CONDITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	(a	
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7	ER	210 ACCIDENT WA	S UNDERLYING T	7 216. TIME OF INJ	URY	-	21c HOW INJURY OCCUP					
4		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.M.	MONTH DA	Y YEAR		(2.112				
/	MEDICAL	(IF EITHER NOTIFY				19					-	
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	2	WHILE NE	I WORK									
		22a. I certify the	t (this hasp	ital) attended the dec	eased from _	spr 1	19.81	10 april	23	198/	, that Div	ve) last
		sow the de	ceased alive or	afres 2	2 198	N.	d that in my (our) apinion	death accurred an the				
		276. SIGNATURE		at) view the body ofter	death.		DEGREE			122 DAT	ESIGNED	
		The same		24				MEDICAL ST	AFF			
		1 hm	mes'	7 Vin		m.	PHYSICIAN )	MEDICAL ST DIRECTOR PHYS	ICIAN 🗌	afra	124,1	198
		22d. PHYSICIAN	S NAME (TYPE	OR PRINT)			We ADDRESS					
1		THO	AS F.	LEWIS, M.D			P.O. BOX 2	455, CUMBE	RLAND,	MD 21:	502	
	23a 8	URIAL, CREMATI				IAME OF C	METERY OR CREMATORY					-

4-27-81

1 SS. Peter and Paul 108 VIRGINIA AVENUE 250 DA

CUMBERLAND, MD 21502

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Allegany

Cumberland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MD

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

SCARPELLI FUNERAL HOME

FOR

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-	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, agges should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours after ages with the State Deat of Health and Mental Hagine prior to burial cremation or removal.
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		CEASED NAME FIRST	WIDDLE		LAST	REG. NO	MONTH D	AY YEAR	26 HOUR
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	70 B	IRTHPLACE ISTATE OR FOREIGN	White  75. CITIZEN OF WHAT COUNTRY?	8	15, 1895	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
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50	C	umberland	SACRED HEART HO	SPITA		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	ON IF WORKING LIFE)	126. KIND C INDUSTRY Rails	F BUSINES:
35	130.	STATE 13b. COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JUSTY 13c, CITY OR TOW Cumberle	VN	13d INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 510 Linde	n St.		
011	14, F/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAS	ST.
7//	160.1	Thoma.	S Rowan	IDITY NO		y Powers			
1			GIVE WAR OR DATES)	JRIIY NO.	Mr. William			nd Cwe	valaev
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	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 8 9 6 6  CERTIFICATE OF DEATH  REG. NO.						
		EASED NAME FRS	RGUERITE	MIDDLE LAST GUERITE SACHS			APRIL 27, 1981 3:37F		
ソ	SEX	FEMA LE	4 RACE WHTTE		5. DATE O	OF BIRTH H DAY YEAR 3 1915	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
35	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		7) CITIZEN OF	7) CITIZEN OF WHAT COUNTRY? USA		DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY		
6		CUMBERLAND	(IF NOT IN SUC			HOSPITAL .	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE		OF BUSINESS
5	MAI	RYLAND A	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW CUMBERLA		134. INSIDE CITY LIMITS?	130. STREET ADDRESS 413 FRANKLIN	STREET	
4	4 FA	HER'S NAME FIRS A LEX	WIDDLE	THOMAS		KATNERINE	WIDDLE	BATH	
1	6a W (YE	AS DECEASED EVER IN U.S.	ARMED FORCES? S, GIVE WAR OR DATES]	214-05-8		THEODORE 52	ADDRESS ADDRESS ADDRESS	N ST.CUME	BERLAND
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MPORTANT.		TZA PHYSICIAN'S NAME (TYPE OR PRINT)  DR. CARLTON BRINGFIE				220 ADDRESS 401	DECATUR ST LAND, MMARY	REET	29-81
	(5)	URIAL, CREMATION, REMO BURIAL	VAL 236. DATE 30 API			EMETERY OR CREMATORY BURG MFM. PARI	23d. LOCATION	COUNTY	STATE RYLAND
M 2		NERAL DIRECTOR SILCOX—MERRI	T	ADDRESS		250 DAT	REC'D BY REGISTRAR 256 R	GISTRAP'S SIGNA	LIBE

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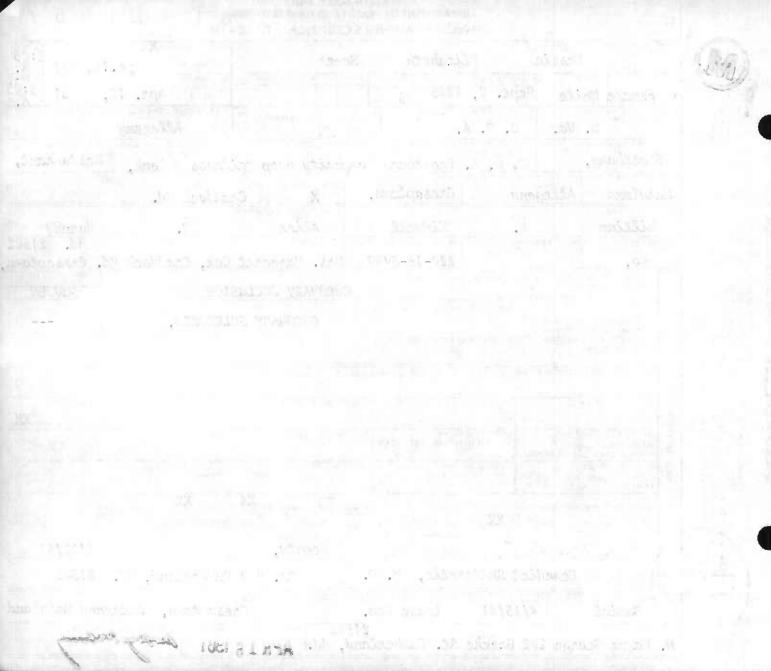
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2b HOUR 11:20P M APRIL 11. 1981 IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 126. KIND OF BUSINESS OR TEXTILE BLANK MRS. MARY SEIFARTH, FROSTBURG, MD. 21532 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

FROSTBURG, MARYLAND

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

DURST FUNERAL HOME

TERRITOR 1 HR215 NHTZZ AUG. 19, 1901 AX ODGESTIAND SACTO PEACE PART PART TALE E SENSE X DEDETERME EMAGNIE CHAIR PR THE HEATER . SEED AND THE SECOND CALLY - 2158 MS. MASS CRIMINS, ENCETHERD, MD. 21532

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shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene priar ta burial, cremation, ar remaval. marked or Item 18 shows any FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
		CEASED NAME	FIRST	,	AIDDLE	L	AST	2a D	ATE OF DEATH	MONTH DA	YEAR	26 HOU	JR .
	(TYPE	OR PRINT)	HUNTER	WIL	BUR	SHA	FFER		APR	IL 4,	1981	4:30	PM
	I. SE	X		4 RACE		5. DATE C			E (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER	
À.		Male		Cau.		Dec	26 DAY 196	79	71	YRS	DATS	HOURS	MIN,
٤		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIE	9 BAI	TIMORE CITY C		OF DEATH		
5		W. Va.		U	BA	WIDOWE			ALLEC	ANY CO	DUNTY.		MD.
2	10. CI	ITY OR TOWN O		IOT IN SUC	HOSPITAL, NURS H FACILITY, GIVE STRE RED HEAF	ING HOME C	OR OTHER INSTITUTIO	N I2a U	SUAL OCCUPAT DE WORK FOR MOST O	ON OF WORKING LIFE)	12b. KIND C		
5	73a. S	al residence (1 State Pa •	AUO.	other institution ITY edford	GIVE RESIDENCE BEFO 134 CITY OR TO		13d. INSIDE CITY LIM	Rt	reet address 1 Box	106н	. Hyn	dmar	n
5	14 FA	Nather's NAME Nather		sha Sha	ffer		15. MOTHER'S MAIDI		MIDDLE		aytoñ	ST L	
3	- 0	VAS DECEASED I YES, NO OR UNKNOW Mes		MED FORCES? E WAR OR DATES)	166 SOCIAL SE	,	Clara Bo	oden F	ADDRI		H Hyn	draj	n_Pe
	z	Canditians, if gave rise to cause (a), underlying	immediate stating the cause last.	(b) DUE TO, OI	RAS A CONSECUTION OF AS A	uence of	I A LED WE COP NOT RELATED TO THI	E TERMINAL D	AS CT	DITION GIVE	N IN PART 1	a	
7	CERTIFICATION	190. DATE OF OI	PERATION	196. COND	TION FOR WHIC	CH OPERATIO	n was performed		AUTOPSY?		WERE FINDI		TH?
3	MEDICAL CER	(IF EITHER, NOTIF	CAUSE OF DEA	21e PLACE	M. MONTH M.	19	216 HOW INJURY O	OCCURRED (ε	NTER NATURE OF INJU		COUNTY	5	STATE
		saw the de abave, (1) (- 22b. SIC	ot (I) (this hospiceased alive on west rold) land to	ne &	1 19	8/	nd that in (my) (our) of DEGREE  ATTEND PHYSIC  22e ADDRESS	ING . MED	DICAL STA	FF	_		
			EHANNA,				909-B SE			BERLANI	D, MD	2150	02
		BURIAL, CREMAT	ion, removal		,81		n Cemete		LOCATION	lale,	Som.	5	Ϋ́à.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT: If them 21 is

24 FUNERAL DIRECTOR
NAME
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LECK LECKEMBY FUNERAL HOME 203 N. STREET MEYERSDALE, PA

Meyersdale,

BY REGISTRAR 256 REGISTRAR SECTIONAL DESCRIPTION OF THE PROPERTY OF THE PROPER

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should be detached for use as the burial-transit permit. Then please remove carbon appears. Pages 1 and 2 should be filed with me, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	DECEASED NAME FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
	Ernie			Sh	aw	April 17	. 19	81	10.59pm
3	SEX	4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White		Apri		90	YRS.	MONTHS. DAYS	HOURS MIN.
5	a BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	MD.
1	CITY OR TOWN OF DEATH  Frostburg	Frostbu	H FACILITY, GIVE STREET	nity	Hospital	(TYPE OF WORK FOR MOST Labore	TON OF WORKING L	IZD. KIND O	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COUR Maryland All	OTHER INSTITUTION, NTY <b>Egany</b>	Barton		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS German	Stree	t	
a	A. FATHER'S NAME Peter	MIDDLE	Shaw		15. MOTHER'S MAIDEN NA			Crue	tzburg
1	(YES NO OR NOWN) (IF YES, GR	MED FORCES? (E WAR OR DATES)	219-56-		17 INFORMANT  Claudia Ric	e Frost		Md. 2	1532
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF	RASA CONSEQUI	ENCE OF	epenting ( malgalu metime	anest re 63 rtpseu	OK	7	MATE INTERVAL ONSET AND DEATH
7	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2				N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	IGS USED
1	An CALIFORNIA CALIFORNIA	ATH	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
A	THE FITHER, NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTWHEE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC)	21F. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a. I certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did was 27b. SIGNATURE	Amil	1/104	37.0	nd that in (my) (our) opinion DEGREE	deoth occurred on the	date and ho		

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DHMH-16 30M 2/80 (VRA 15, 4)

Shin Kim, M.D. 230 BURIAL, CREMATION, REMOVAL 120/87

224. PHYSICIAN'S NAME (TOPE OR PRINT

Burial

(SPECIFY)

23c NAME OF CEMETERY OF CREMATORY

1 Service P. Appelleternport Md.

22e ADDRESS

21562 90 Main St., Westernport,

ATTENDING PHYSICIAN

23d LOCATION
Moscow Mills Allegany Mdw

MEDICAL STAFF DIRECTOR PHYSICIAN

one livered United States vasostia Frostbure Committed Sustail or Sussailal German Street Par Tand Allecany Frosburg Lx - Duniel 2015 JO THOMPSON 1. 12 mint of -1 Trainit to a 2 a full the search and the same and the same and the

the frequential A.A. solved Interpretation

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Alma Frances Shryock 81 DEATH MATED X 2A M 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED Female White May 3, 1902 April 3 19 81 10A M To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Maryland USA Allegany WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 8. GIVE PAGES 1, 2, AND 3 TO THE PI WITH FORM PM 3. RETAIN PAGE 1. T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 V 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cumberland Somerville Ave. Retired-Assembler Glass Factory USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS 220 Somerville Ave. Allegany Cumberland YES X NO 🗌 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elijah -- Wrightsman Mary Catherine Walters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN ADDRESS 219-03-9094 Mr. Alvin E. Wrightsman, Deer Park, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL Hief Medical Examiner Along W USED AS A Burial - Transit Permit. Of Health and Mental Hygiene, d Rial, Cremation, or Removal. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Coronary Sclerosis Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES 🗌 ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BEL THE STATE DEPARTMENT C NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 OR TO HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d, INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DÉATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy 4-3-1981 MEDICAL EXAMINER Dr. Benedict Skitarelic MD Cumberland, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 4/6/81 burial Pleasant Valley Cem. Oakland, Garrett, Maryland 24. FUNERAL DIRECTOR DHMH-17 Bradley A. Stewart Oakland, Maryland 21550 (VR A15 ME (5) 15M 2/80

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APRIL CARRENTE STRIKE APRIL IS, 1761 TOLARS THE STREET SACRED HEATTINGS STREET THE STREET The state of the s Torpland .135grad (tuberland & .155 f. Deckmin Street onlitterist (include 276-22-7470 In. Thethe Gimes and ordered, No. IF STANDA IN A STANDARD STANDARD 

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	FOR STATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HY INER'S CERTIFICATE O		976
1. DE	ECEASED NAME FIRST (PE OR PRINT) Gary	Atkinson	Snow	20. DATE KNOWN MONTH OF ESTI- DEATH MATED Aph	7, 19 81 3 Hay
	Male White	Oct. 6, 1971 9	YEARS IF UNDER 1 YR. IF UNDER 2 THORAY) MONTHS DAYS HOURS	AHRS. 20. DATE MONTH MIN. PRONOUNCED Apr. 7 DEAD	DAY YEAR 5: H3W
) FO	BIRTHPLACE (STATE OR OREIGN COUNTRY) Virginia	U. S. A.	8. MARRIED   NEVER MARRIE WIDOWED   DIVORCE	o 🗆   Allegany	WE
	Cumberland,	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE HUNKLE Rd. Rt.	9	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Student,	Grade School
130.	laryland Salle	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMITY  Gany  Cumb Erra  Cumb Erra	13d. Inside CITY LIMITS Y	13. STREET ADDRESS Hinkle Rd. Rt. #	9
	Paul	MIGGLE SNOW	15. MOTHER'S MAIDEN Faye	MIGDLE	Atkinson
160.	WAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)		now Rt. # 9 Hinkle	Rd. Cumb. Md
	PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c),) BY: E CAUSE (a)	Fractured N	eck,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Sudden
7	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	Struck by	auto,	Sudden
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENC			
NOI		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE 1		1 (a).	
CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH O			20. AUTOPSY?  YES  NO □
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR AM MONTH DAY YI SEATH 5:30 P.M. Apr. 7 19	81 Struck by au	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME	211 LOCATION	. # 9 Cumberband, "	Allegany Md.
	death resulted fram: Nature	e of the remains described above, held a lacauses Accident	Autopsy XX, Inspection Suicide , Hamicide ,	Inquiry XX, and in my o	pinian
100	EXAMINER'S NAME BENE	dict Skitarelic, M	D. Rt. #	MEDICAL EXAMINER SIGN 9 Cumberland, Md.	21502
23a.B	BURIAL, CREMATION, REMOVAL 23		ADDRESSEMETERY OR CREMATORY	1231 LOCATION CUMBENCAND R.P. ALLE	
	UNERAL DIRECTOR			C'D. BY REGISTRAR 25b. REGISTRAR'S	

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		A HARLES		12 13
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E	ala X	, econologic		
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All sungato panarodnu	Action of South			
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4881 J. 1994	4.500.40			
The Parent, Mr. dreiter	12. T. Carl			
medical napality by the		از کے استخبار کے علمالہ کال مصادر کا		

	1-	OR STATE REGISTRAR	21 16			DICAL	MENT O	HEALTH	ARYLAND I AND MEN CERTIFICA	TAL H	F DEA	TH.	REG.		8	7	1	
		CRASED NAM	e first <b>Dan</b> i	lel	1	MIDDLE		Ta	sker			OF DEATH	F211-	X ^	li - 2	DAY YEA		5P N
		ale	4. RACE Wnite	Oct	DF BIRTH	193		YRS.	HS DAYS H	UNDER :	MIN F	RONOUN DEAD	CED	Y OP CO	1-24	DAY YE	AR 21	7P N
5	FOI	Y OR TOWN		II. NAMI	S.S.A	PITAL, NUI	RSING HO	WIDOW	VED  IER INSTITUTION	r marrie divorce dn	D	A. AL OCCUP	lleg ATION (	gany	7	. KIND OF	BUSIN	MD
		rost							Villa	ge	Sel	OST OF WOR	plo]	yed	5	or indu	STRY	ta
	3a S1	L RESIDENCE ATE ATE THER'S NAME		OR OTHER INST		13c. CITY	OR TOWN		13d. INSIDE CITY YES XX	NO 🗌		ET ADDRE	ss <b>058</b> (	ch I	Fros	st Vj	111	age
		Samue]		WIDDLE		T.	äske:	r	FIRST		oeth	M	DDLE	]	Mill	er		
	N (	AS DECEASE S, NO, OR UNKNO )	D EVER IN U.S. AR	MED FORC WAR OR DATE	ES?		CIAL SECUR		17. INFORMA Patr:		a Ta	sker	ADDRE		tbur	g, l	ĭd.	
	No	gave ri cause (o lying cau	ns, if any, which se to immediate stating the <u>under</u> -	DU	(b)	AS A CON	ISEQUENCI	Ca Ca	Ilmona:	Fit	oril	lism lati						
	CERTIFICATION	190. DATE OF					WHICH OP		AS PERFORME		A					20 AUTOP		NO []
	CAL	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH	P.M.	MONTH	DAY YE	AR	OW INJURY O	CCURRED	) (ENTER N	ATURE OF INJ	JRY IN ITEM	18 PART I	OR PART 2)			
l	MED	21d. INJURY C WHILE AT WORK	NOT WHILE [	716	PLACE O	ORY, FARM, E	(AT HOME,		CATION			CITY OR TOV	٧N		COUNTY	r		STATE
		22a I certi death result ACTUAL SIGNATURE	fy that I taak charged from: Natu	ral causes liet	Sk	Accident	I. shee	Suicide	Homicide	cify) uty	Undete	rmined ma	INER	]. S	my apinio	4-21		31
+	_	EXAMINER'S (TYPE OR PRI	NAME Be		ct SI		reli		ADDRESS_R CREMATOR			Moer	land	d, i	Md.	2150	)2	
	B	urial		4-27.	-81		Kalba	ugh	cemete	ery	chito	IL GI	RDE	15	COUNTY	ERAT	STATE	VÆ
	24 FU	NERAL DIRECT NAME Bur	dock. K	itzmi	ADDRESS	r M	d.		250	DATE		REFUSERA	25b. R	G/S/R/	NR.S 5131	W LUBE	7	

addition of any contract to making an action in a creat

and the second of the property of

BP. DHMH - 16 50M 1/8 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO.	3 8 9	7 8
		CEASED NAME FIRST	MI	DDLE	l	A5T	20 DATE OF DEATH MONT	TH DAY YEAR	2h HOUR
	(117)	EVA	BELLE		TAYL	.OR	APRIL 1, 198	1	5:55P M
1	3 SE		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	
1		Female	White		Feb.	6, °1925 **AR	56	YRS MONTHS! DATS	HOURS MIN.
1	ZapB	IRTHPLACE (STATE OR FOREIGN		HAT COUNTRY?	8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
35		Maryland	USA		WIDOWE	D DIVORCED	ALLEGANY COU	NTY,	MD.
52		Cumberland	SACRED	HEART H	OSPIT	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	of BUSINESS OR ry Store
35	130. 3		NOTHER INSTITUTION G NTY Ineral	Ridgele	N	13d. INSIDE CITY LIMITS? YES NO X	Route 1		
29	14. F/	ATHER'S NAME FIRST William	Stein	LAST		15. MOTHER'S MAIDEN NAM		LA	AST
3	16a V	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES?   1	213-22-3		Mr. John B.	Taylor, Ridg	geley, Hus	band
	NO	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQUE	NCE SE The	Les A NOT RELATED TO THE TERM	SHD, INAL DISEASE OR CONDITIO	ON GIVEN IN PART I	la <sup>*</sup>
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSES YES	
9	MEDICAL CE	2) a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	ATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART : OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY T, FACTORY, OFFICE, FA	NRM, ETC ]	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
H		22a.1 certify that (I) (this hosp saw the deceased alive on abave, (I) (we) (did) (did no	11-1	19.8	1		. to	nd havr and from the	
		22b. SIGNATURE	1040	au us			MEDICAL STAFF DIRECTOR PHYSICIAN		-2-81
1	3	MELIANNA TOUR				22e ADDRESS	CUMPEDI AND	MD 01500	
-	23a E	MEHANNA, JOH BURIAL, CREMATION, REMOVAL SPECIFY BUTIAL	Apr.4,	L981 S	pring	EMETERY OR CREMATORY  field Hill Cer	CUMBERLAND,  23d LOCATION Springfiel		
	24. FU	INERAL DIRECTORS CAPPE	111 <sub>108</sub> HOME; <b>202</b>	Virginia ORECE	AV.	21502 250 DATE CUMBERLAND.	BR 6 1981	EGISTRAR'S SIGNA	Bready

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TAYLOR APPEL 1, 1981

PAR. 8, 1029 SERVE

213-22-3350 Ar. John E. Paylor, Mileoloy, Sunland

SHO-C SERVEY CONTRACTOR INT. SERVE

Coarpell: 108 linginin Av.21502 CLERE IT EAL ILE; ENGINEERED; OUBSILAND, NO. 18

C.H PHOU APPAREN

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

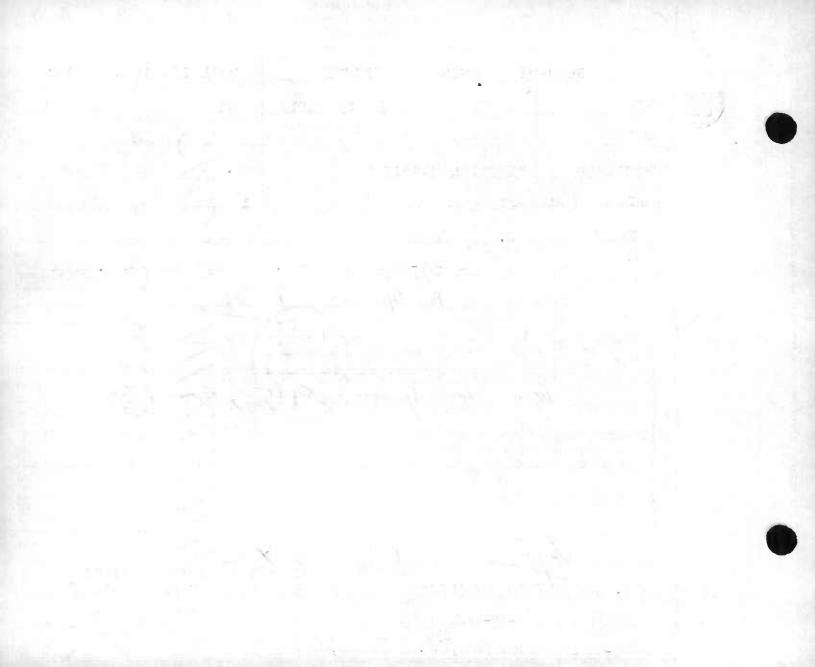
FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 26 DATE OF DEATH MONTH DECEASED NAME 2h. HOUR APRIL 28. 1981 GERTRUDE THIFLEN 1 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH AONTHS DAYS HOURS Female White 1899 Dec. To BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wis. USA Allegany WIDOWED DIVORCED IX IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY CUMBERLAND MEMORIAL HOSPITAL Housewife Own Home USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 1136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Allegany Cumberland Queen City Towers. Apts YES X NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frederick Kiehl Bertha Frederick I MAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Mrs. Dolores Young. Montgomery, Alba. 389-14-3873 No 18. CAUSE OF DEATH (Enter only one cause per lime language) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE gove rise to immediate couse (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 216 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 220 I certify that (this hospital) q and that in (my) (our) apinion death occurred on the date and hour and from the causes stated lid) (did nat) view the body after death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NHOSPITAL, MED DR. TERRY WILLIAMS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23d LOCATION 23b. DATE Cremation April 30,8 Smithburg Crematory Smithburg Nashington Md. 24 FUNERAL DIRECTOR

William G. Kight, Cumberland, Md.

DHMH-16 25M (VRA 15, 4) 1/79

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STATE OF MARYLAND



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		REGISTRAR		M		EXAMIN	ER'S C	ERTIFIC	CATEC	F DEAT	H RE	G. NO.		
The second second		CEASED NAM	E FIRST		MIDDLE			LAST		20.	DATE KNOV	NOW WON	TH DAY Y	EAR 26. HOUR
90085			Barbara	3.			Us	oris		- 11.1	DEATH MATE	D 0 4	3 19	81 4рм
多金樓制 》	3. SEX	(	4. RACE	5. DATE OF BIRTI		6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		DATE	MONT	H DAY Y	YEAR 2d. HOUR
	Fe	male	Caucas	1-		63 YR	101001111	15 DAYS	HOURS	MIN PRO	DEAD	4	3 19	81 Jip M
SE SES	7a. BI	RTHPLACE (S	TATE OR	76. CITIZEN OF			f.	ED NE	VER MARR	IED 7	ALTIMORE (	ITY OR COL	INTY OF DEAT	
S NECESSA FUNERAL 5 FOR Y W PREST	4	Maryla	and	1	U.S.A		WIDOW		DIVORC		Al	legan	У	MD.
SE HONE	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HO		ONG HOME,	OR OTH	ER INSTITU	TION		OCCUPATIO	N (TYPE OF WO		F BUSINESS
A PARTY	4	Frostl	ourg	Frostb	urg de	manua i	bir H	ospi	tal	wai	tress	1	Restar	
ORD ORD	USUA 130 S		(IF IN NURSING HOME (	OR OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSIO	N)	13d INSIDE C		In STRA	ADD SS B	ox 39		
21201 AND AND RETA HOULD	(M)	ryland		zany		berlar		YES 🗌	NO 💂	Cu	mberl	and.	Maryla	nd
MD. H. IF	7 14. F/	ATHER'S NAMI		WIDDLE		LAST		15 MOTHE	ER'S MAIDI	EN NAME	WIDDLE		TAST	
PANDANDANDANDANDANDANDANDANDANDANDANDANDA	9	John		Mose	Ande	rson		M	yrtl	е	MIDDEL		Cutte	r
MO PAGE	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY		17. INFORA	THAN	Rt. 5	BoxAD	394B		
BALTIMORE, MD. S. AFTER DEATH. III GIVE PAGES 1, 3, PAGES 1 AND 2 S IVISION OF WITAI		No	(1 123, 0112	Trak On Daries,	220-	10-700	5	Mary	E.	Smith	Cumi	berla	nd, Md.	
URS 8. O		18 CAUSE C	OF DEATH (Enter on	ly one couse per li	ne for (a), (b	), ond (c).)							APPROX	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S GRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. REDED TO THE CHIEF MEDICAL EXAMINER ALONG W. P. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OI PRIQR TO BURIAL, CREMATION, OR REMOVAL.		PARTID	EATH WAS CAUSE	D BY: TE C AUSE (a)	Coror	ary O	cclu	sion			1			den
STO N 24		410	0		OR AS A COL	NSEQUENCE C	F							
AANS AAL NEW			ins, if ony, which ise to immediate		Coror	ary S	cler	osis					ve	ars
OR TREE TO	1		) stating the under-		R AS A COI	SEQUENCE C	F							
ON NAME OF STREET				(c)										
EXE EXE ING ING ING ING ING ING ING ING ING ING	1-	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT REL	ATED TO THE TERM!	IAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 a				
ECO WED WED AS / A S / A	CERTIFICATION													
ALREA HE	2 2	190. DATE OF	OPERATION	196 CONE	DITION FOR	WHICH OPERA	W MOIT	AS PERFOR	MED?				2D AUTO	
¥ XXX T Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	나 불	al CVYCOLI											YES	□ NOÃ
A THE		UNDERLYING	AL CAUSE WAS		OF INJURY .M. MONTH	DAY YEAR	ZIG HO	ow injury	OCCURRE	D LENTER NATU	IRE OF INJURY IN	TEM 18 PART 1 OF	R PART 2)	
SARTICE SON	MEDICAL	CONTRIBUTI	ING CAUSE OF		M.	19								
CER	WED	21d INJURY O			E OF INJURY ACTORY, FARM, I			TREET		CI	TY OR TOWN		COUNTY	STATE
WAR WAR		AT WORK	ATWORK											
A SE S		220 I certi	ify that I took charg	ge of the remains d	escribed ob	ove, held on	Autop	sy .	Inspectio	n 🙀 ,	nquiry 🛣	ond in my	opinion	
MINN BE F		death result	ted from: Natu	rol couses 🕱.	Accident	, Suit	ide 🗌	, Homic	cide .	Undeterm	ned manner	<u> </u>		
A WILL SER		ACTUAL	0		0,	_ /		TITLE (S	PEC IFY)				1 /0	10-
₹ <u>₹</u> ₹₩,-		SIGNATURE,	Dene	del ×	keta	relie	M	Dept	uty	MEDICA	LEXAMINER	DA' SIG	NED 4/3	/81
PEDIC MOFEN	1	EXAMINER'S	NAME -											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS PECCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCI. IN 1EM 18. GIVE PAGES 1, 2, AND 3 TO THE TAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEFINED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECORDS; 2018 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRI	NT)Bene	edict Sl				ADDRESS			erlan	i Mar	yland	
E05149	23a.8	URIAL, CREMA PECIFY) Buria	TION, REMOVAL			NAME OF CEM				23d. LOCA CITY OR T	OWN		OUNTY	STATE
BP		JNERAL DIREC		4/8/81	Ol	d cone	V C	emet	ery		coning			d.
DHMH - 17			Home 57	ADDRE	55	21	532		AD. DATE		981	REGISTRAR	SSIGNATURE	day
(VR A15 ME (5) ) 15M 2/80	200	Lour,	тоша 57	FLOST WA	e. rr	ostourg	, Md		a)	וסוו	ועט			

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		FOR STATE			DEPARTMENT		AND MENT	-		8	9 8	2
		REGISTRAR		ME	DICAL EXA	MINER'S	ERTIFICAT	E OF DEA	TH REG. N	0.		
		EASED NAME	FIRST		MIDDLE		LAST		2a. DATE KNOWN 2 OF ESTI-	MONTH	DAY YEAR	26 HOUR
			Leot	a	В.		mpler		DEATH MATED	4-	22 19 81	. 3A M
10	3. SEX		hite	Apr. 7	1909 7	(IN YEARS IF UN BIRTHDAY) MONT 2 YRS.	DER 1 YR. IF UI		2c. DATE PRONOUNCED DEAD	LL-2	22 <sub>19</sub> <b>81</b>	2d HOUR
	FO	RTHPLACE (STATE OR		76. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED X NEVER A	AARRIED	9 BALTIMORE CITY			M
2		laryland	ATH		SPITAL NURSING	WIDOW		ORCED 120 USL	Allega JAL OCCUPATION (TY		126 KIND OF B	MD.
50		umberla			ACILITY, GIVE STREET AD	DRESS)		FOR A	OUSEWIFE)	L GI II GIII	Own Ho	TRY
35	13a. S	L RESIDENCE (IF IN NI IATE	136 COUNT		13c. CITY OR TO	WN	13d INSIDE CITY LIM	115?   13e. STR	et address 135 Brado	lock	Road	
010	14. FA	THER'S NAME FIRST James		MIDDLE	Mc Ken	zie	15. MOTHER'S A				inter	
-	160. V	/AS DECEASED EVE	R IN U.S. ARM	NED FORCES?	16b. SOCIAL SE		17. INFORMANT		ADDRES	S		
	("	No	(IF YES, GIVE V	VAR OR DATES	213-22	-11351	Mr. I	Harold	Wampler,	La	Vale,	Md.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditions, if gave rise to cause (a) statinglying cause las	any, which immediate ig the <u>under</u>	(b)	R AS A CONSEQUE  R AS A CONSEQUE	ENCE OF	Coronar Coronar	ry Scl				
CREM	CERTIFICATION											
1	S	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?	?			20 AUTOPSY	?
7	E										YES 🗌	NO X
3		210 EXTERNAL CAT UNDERLYING CONTRIBUTING		21b. TIME O HOUR A.A	M. MONTH DAY	YEAR	OW INJURY OCC	URRED LENTER N	NATURE OF INJURY IN ITEM 18	PART I OR PAR	RT 2)	
	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	DRED	21e PLACE	OF INJURY (AT HO	OME, 211. LO	CATION TREET		CITY OR TOWN	cou	UNTY	STATE
BALTIMORE, MARYLAND, 21201		22a. I certify that death resulted fro	l taak charge	e of the remains de	Accident ,	Suicide	, Insp , Hamicide TITLE (SPECIF		Inquiry a	nd in my ap		
SE, A	1	ACTUAL SIGNATURE	enea	eele	larele	<u>/</u> "	Dept.	ITY MED	ICAL EXAMINER	DATE SIGNE	D 4-6	22-81
TER DE	-	EXAMINER'S NAMI (TYPE OR PRINT)	Ben	edict S	kitarel	ic	ADDRESS_RI	9, C	umberland	i, Md	1. 2150	)2
BA	23a. B	JRIAL, CREMATION,	REMOVAL 23	b DATE	23c. NAME C	OF CEMETERY C	R CREMATORY	23d. LO	CATION OR LOWN	COUR	NIY «	STATE
_		Buria	1 A:	pr.2418	1 Mt.	Zion C	emetery	Ga	rrett Cou	inty,	Md.	
7	24 FL	NERAL DIRECTOR	177	ADDRES	S 2	г 2	25a. D	ATTENDANCE OF THE PARTY OF THE	REGISTRAR 256 REG	ISTRAR'S S	IGNATURE:	9
ME (5) )	1	Durst.	FTO	stburg.	FIG. ZI	5,2				3		/

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STATE OF MARYLAND

odini e.Cu brie Frederic anyland Allaumy Cumberland subset of the low low low and a Liefett name exemptife . Tindo. Suriel Contestant, January Contestant, Landertant, Allegany, Mo. - Landertant, Mo. -THE SECRET SECRET SECRET SECRET STATE OF STATE OF SECRET S

	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8   REG. NO.	8 9 8 4
, (M)	1. DECEASED NAME (TYPE OR PRINT) VIN	ICENT D.	WIGGER	APRIL 13, 1981	DAY YEAR 26. HOUR 1225A M
ge 4 mo ector, rs aft	3. SEX Male	4. RACE White	Decit 9, 1908 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leoth. Position 72 hours of orice.	70. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	VTTERGIIA	NTY OF DEATH MD.
ofter of the full diffied.	CUMBERLAND	11. NAME OF HOSPITAL, NUR MEMORI ALLIYHOSI	SING HOME OR OTHER INSTITUTION	TYPE BOTHER WOST OF WORKIN	G LIFE) Pactory
filled in ould be famoust be	USUAL RESIDENCE I F NURSING HO Maryland Al	tavage  Clegany  Lavage  Lavage		13.915 Aclantic	Ave.
MARYLA mpletely ond 2 sh	14. father's name Bernard	Middle Wigger	15. MOTHER'S MAIDE May FIRST	N NAME MIDDLE	Shank
e executed with a complete of complete or	160 WAS DECEASED EVER IN U. (YEN OR UNKNOWN) (IF )	S. ARMED FORCES? 16b, SOCIAL SE ES, GIVE WAR OR DATES)	CURITY NO. 17. INFORMANT Inez Wigge	er , 915 Atlantic	Ave. LaVale, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherading physicion.  Ifter this certificate has been signed by the otherating physicion and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file th and Mental Hygiene prior to burial, cremation, or removal.  In and Mental Hygiene prior to burial, cremation, or removal.  Orked or them 18 shows any injury, or other traumatic event, the medical examiner must be for them 18 shows any injury, or other traumatic event, the medical examiner.	underlying couse lo	DUE TO, OR AS A CONSECTION OF THE CONSTRUCTION	DUENCE OF	TERMINAL DISEASE OR CONDITION  1	GIVEN IN PART I(0)  YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
PHYSICIAN: The Intending physicion. This certificore has the buriol-transit per differential Hygiene don't term 18 shows	00.000.000.000.00	OF DEATH HOUR A.M. MONTH	DAY YEAR 19	YES NO	YES NO
TO HOSPITAL OR ATTENDING PHYS retoined by the hospitol or otherdrivers about the state of this should be detached for use as the buwith the State Dept. of Health and MMPORTANT: If them 21 is marked or	sow the deceosed obove, (1) (we) (did) (22b. SIGNATURE  22b. SIGNATURE  22d. PHYSICIAN'S NAME	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFILE hospitol) ottended the deceosed Iron  Jid noti view the body offer death.  TYPE OR PRINT!  N. HIMMLER	n 3 1 6 19 19 19 19 19 19 19 19 19 19 19 19 19	inion death occurred on the date and the state of the sta	22c. DATE SIGNED 4/14/8/
BP.———	230. BURIAL, CREMATION, REMO	4-15-81	NAME OF CEMETERY OR CREMATE Sunset Memorial Pa		
DHMH-16 30M 2/80 (VRA 15, 4)	James P. Scar	pelli Cumberland	Md. 256	O. DAPICZ. U RISSIPAR 256, REG	BISTRAR'S &IGNATURE

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injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

1	REGISTRAR				CERTIF	ICATE OF DEATH	H	REG. N	10.		
	CEASED NAME	FIRST		MIDDLE		LAST	1.	0 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(11)	Vi	rgini	a	F	Wine	ebrenner	Z	April 7,	]98]		]:20p M
3. SE	X	4	RACE		5. DATE (			. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
F	emale		Cauca	sian	Apri	in 4 19	13	68	YRS.		Mile.
	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIE		BALTIMORE CITY			
M	aryland			S.A.	WIDOWI	DIVORCE	D D	Allegany			MD.
	ITY OR TOWN OF DE					OR OTHER INSTITUTIO		20 USUAL OCCUPAT	OF WORKING L		OF BUSINESS OR
	mberland				* Hosp	oltal		Housewij	ee		
13o.	AL RESIDENCE (# NUR STATE	136 COUNT	Υ	13c. CITY OR 1	NWOT	13d. INSIDE CITY LIM	AITS?	3. STREET ADDRESS			
	ryland	Alle	gany	Mt. S	avage	YES NOTHER'S MAID		Box 14B 1	It.Sa	vage M	id.
14 F/	Unkown	м	IDDLE	LAST		Laura	JEN NAME	Gordo	on	Pow	rell
	WAS DECEASED EVER		NED FORCES?	166. SOCIAL S	SECURITY NO.	17 INFORMANT	Box	k 148 Mts	ESSSav	age	
	No	(" 125, 5112		214-0	1-012	Mrs. Ja	cque	Abucevi	Lez		
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter anly	ane cause per	line for (a), (b	), and (c).)	21 = 2 2 1 2		1116-		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	IMMEDIATE	CAUSE (a)	GAPE	710 - K	ESPIKATU	er,	PRICOT			
	2500			R AS A CONSE	EQUENCE OF	4 11 4 10		M . D .	-		
	Canditians, if any		(b)_	CERE	BPO-	MSCHAA	RA	seemen?			
	gave rise to im cause (a), stati		DUE TO. O	RAS CONSE	EQUENCE OF						
	underlying cause	e last.	(c)_	DIA	13616	5					
_	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	IDITION GI	VEN IN PART 10	a ·
0											
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN	
RTIF								YES NO		ES 🗌	NO 🗌
	210. ACCIDENT WAS UN		HOUR A		DAY YEAR	ZIC HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
CA	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.	М.	19						
MEDICAL	21d. INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WO	HILE D									
	22a.l certify that (I					, 19_		_, ta			that (1) (we) last
	saw the deceas abave, (I) (we) (	ed alive an _ did) (did nat)	view the bady	after death.		nd that in (my) (aur) a	apinian de	ath accurred an the c	late and ha		
	22b. SIGNATURE	ind		ND.		DEGREE ATTEND PHYSIC		MEDICAL STA		22c. DATE	SIGNED
	22d. PHYSICIAN'S N	AME TEPEOR	aren c	STAUS 2	MO	22e. ADDRESS		_			
	Pathak,	Arvi	nd M.	Ď.		9]3 Setc	on Di	r., Cumbe	erlar	nd, Md.	2]502
	BURIAL, CREMATION,		23b. DATE/1	0/04	23c. NAME OF C	CEMETERY OR CREMA	ATORY	23d LOCATION			
	Burial		.4/	0/81	Method	list Ceme	tery	rt.Sav	age A	llegar	ly Md.
24 F	UNERAL DIRECTOR		7, 8,	74	Frost	ourg, Md	25a. DATE I	REC'D. BY REGISTRAL			
	Durst Fu	neral	Home	,57 Fr	ost A	ve., 2]53	32 A	PR 1 6 198	-	and the same	Choody

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

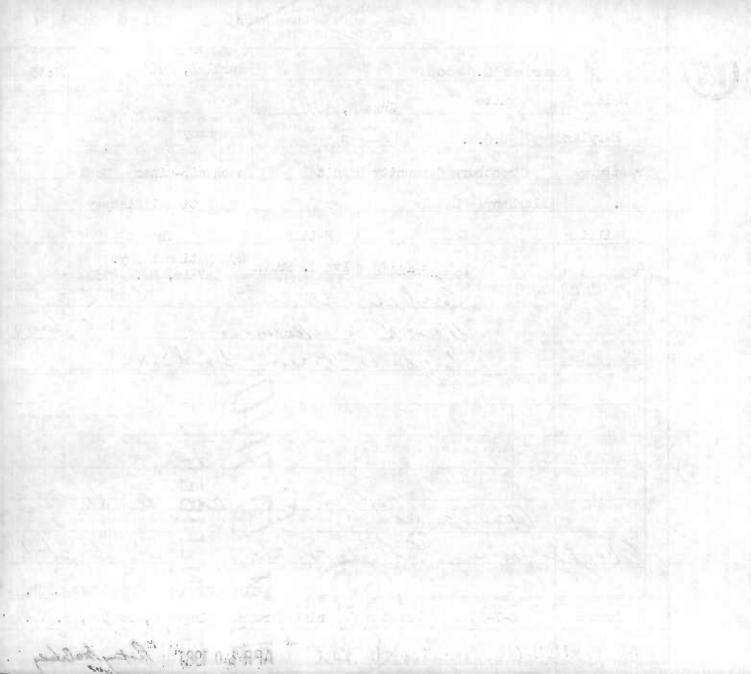
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- Mr. Boy Distribute

2/31

	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 8 9 8 / CERTIFICATE OF DEATH				
(IN)		CALVIN	KENNETH	WOLFE	20. DATE OF DEATH MONTH DAY APRIL 30,	1981 12:45P <sub>M</sub>	
(M)	3. SEX		4 RACE White	5. DATE OF BIRTH May 31 1926	K/L MOR	UNDER I YEAR IF UNDER 24 HRS	
deoth. Part		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O		
by the fur filed with	C	or town of DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  SACRED HEART HOSPITAL		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Operator  126. KIND OF BUSINESS C		
d within 24 hours after pletely filled in by the vind 2 should be filed wit	130. S M 14. FA	TATE 136 COUI  D Alle THER'S NAME FIRST	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13r. CITY OR TOW	'N 13d. INSIDE CITY LIMITS?	Rt. 1 Oldtown, M	aryland	
ond comp oges 1 on	16a. W	Libert F. Wolfe VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GT WW	/E WAR OR DATES)		A. Dolan  ADDRESS  Olfe Rt. 1 Oldtown	MD	
n certificate b ding physicio orbonpapers ar removol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), ar D BY: TE CAUSE (a) DUE TO, OR AS A CON EDU	readil of	uctio	4 days	
requires that the death certificate be en signed by the ottending physician . Then please remove carbon papers. Port burial, cremotion, ar removal.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b)  DUE TO, OR AS A CONSEQU	<u> </u>	NINAL DISEASE OR CONDITION GIVEN	IN PART I/o1	
	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	NERE FINDINGS USED NG CAUSES OF DEATH?	
G PHYSICI/ ittending p or this certi- the burial- and Mente	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE IFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK		AY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE	
OR ATTENDING e hospital are DRECTOR: Aftended for use as Dept. of Health f frem 21 is mort		220.1 certify that (1) this hasp	ital) ottended the deceased fram	, and that in (my) (our) opinion  DEGREE  ATTENDING	to 4730 , 19 deoth accurred on the date and hour a		
TO HOSPITAL OR AT- retained by the hosp.  TO FUNERAL DIRECT should be detached for with the State Dept. or		22d. PHYSICIAN'S NAME   TV	10424	PHYSICIAN [ 22e. ADDRESS	DIRECTOR PHYSICIAN RIVE, CUMBERLAND,	MD 21502	
BP	230. E	URIAL, CREMATION, REMOVAL SPECTY)	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY UNSet Memorial Pk.	23d. LOCATION CITY OR TOWN	COUNTY STATE ND	
DHMH: 16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR CARPELLI FUNERA	MUDRESS	VIRGINIA AVE. 250 DA	TE REC'D. BY REGISTRAR 256. PEGISTRA		

TOTAL STREET, STATE 1894 2) yell • \_\_\_\_\_\_\_\_ Parties Mercula rwetnico refund, congress? gradeli od sprežioj ...atomu the state of the s THE REPORT OF THE PARTY OF THE



	1 -	FOR DEPARTMENT OF HEALTH AND MI STATE REGISTRAR CERTIFICATE OF DE					NTAL HYGIENE 8 1 0 8 9 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		EASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH			26. HOUR P	
1/		CHARI		CLARENC		OODS	APRIL 2			7:15 N	
1	SEX		4 RACE S. DATE C			H DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER 1 YEAR	HOURS MIN.	
	-	le			16 1910	70 YRS					
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		USA   WIDOWE			Allegany					
50	CU	Y OR TOWN OF DEATH MBERLAND	11. NAME OF HOSPITAL, NURSING HOME OF MEMORIAL HOSPITAL			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Worker  12b. KIND OF B INDUSTRY Rubber			er Co.		
200	SUA 30. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION INTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRES Rt. 4, E		ldtown	n Road	
-	I. FA	THER'S NAME FIRST Ohn Woods	MIDDLE	LAST		15 MOTHER'S MAIDEN NA. FIRST Annie E1			ĮA:		
100		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT		RESS	1 1	1 1451	
1	į t	No	IVE WAR OR DATES	220 03 7	7983	Mrs. Charles	C. Woods	Cumberla	and, N	D Wife	
we dry mjury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, V	WERE FINDI	NGS USED S OF DEATH?	
2 +	CERT	210. ACCIDENT WAS UNDERLYING			_	21c. HOW INJURY OCCUR	YES NO	YES		но 🗆	
- 6/9	(C)	OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR 19						
Ked or II	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY OFFICE F		21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
6.21 lt ma		22a.   certify that (1) this hasp saw the deceased dive a abave (1) (Ve) (did) (did n			81.0	nd that in (my) our) apinian	, ta	129 19 date and haur a		that (1) we) last causes stated	
NT. # Yes		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DEFRECTOR PHYSICIAN DEPTRECTOR PHYSICIAN DEPTRECTOR PHYSICIAN DEFRECTOR PHYSICIAN DEFREC									
MPORTAN		DR. ANTHON		LLINO,	JR.	22e. ADDRESS 955 FREDER	ICK ST.,	CUMBER	LAND	, MD	
2:	3a B	JRIAŁ, CREMATION, REMOVA PECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
-  -	1 6:	Burial	5-2-8	1 Da	vis N	demorial Cem.	Cumberla	nd All	egany	MD	
0		NERAL DIRECTOR AMES F. SCARPE	LLI CU	MBERLAND.	MD	250, 001	CREE'D. BY REGISTRA	AR 25h AGO STA	RESTORM	IURE	

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